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THE PUBLIC AGENDA FOUNDATION

THE PUBLIC'S PERSPECTIVE ON SOCIAL WELFARE REFORM

KEITH MELVILLE, JOHN DOBLE

January, 1988

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The Public Agenda Foundation is a nonprofit, nonpartisan research and education organization that serves two purposes. Its mission is to help citizens make better decisions on important national issues through presenting objective and nonpartisan choices, and to help leadership in government and the private sector better understand public attitudes.

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The Public's Perspective on Social Welfare Reform

A Study by the Public Agenda Foundation

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Preface

David Mathews
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It is not really surprising that, as the nation approaches Election Day 1988 and a change in administration, the political winds have been shifting. Still, it is remarkable to notice how much has changed in recent months regarding the way in which candidates and elected officials are discussing the government's role in social welfare. Candidates of both parties are trying to define new roles for government, and they are advocating a more active approach to deep-seated social problems.

Reform of the the nation's social welfare and health insurance programs, which has not been a prominent item on the nation's agenda during the 1980s, is once again a priority concern. Child care and maternal health are prominent topics this season both in Washington and in state capitals. The Senate and the House have passed bills that would create a new role for the government in paying for the costs of catastrophic illness for older people, and there is active consideration of a proposal to extend the government's role in paying for long-term illness.

As I write these words, the House of Representatives has just approved the first major welform reform bill to reach the House floor in this decade, an Act that would replace the Aid to Families with Dependent Children program, the largest cash assistance program for low-income families, with a Family Support Program, which would provide education and training to put welfare recipients to work.

With regard to various social welfare and health insurance programs, one of the most remarkable developments has been the forging of a consensus among leaders about what direction the nation's social welfare policy should take. Today there is broad agreement among policy experts as well as elected officials that -- as the National Journal put it recently -- "the time is ripe to convince the public that a new approach to welfare is needed."

But what is the public's view of the problem and the proposed reforms? No proposal for a redesigned social welfare system or health insurance system is likely to succeed if it disregards the public's sense of the problem or what should be done about it.

When I was Secretary of the Department of Health, Education and Welfare, I was often struck by the absence of any good means to analyze the public's perspective when major new proposals were being discussed. The most reliable reflection of public sentiments about social welfare reform that is available to elected officials comes from fragmented questions asked in public opinion polls, about such matters as whether a majority favors increased spending for social programs. To my knowledge, no one has conducted a comprehensive study of the public's sentiments on social welfare reform in years.

Consequently, public officials are now pondering various reforms of the social welfare and health insurance system without a detailed sense of the public's preferences and convictions. In a democratic nation, that is a serious omission and one that is likely to lead to "top-down" policy making that does not reflect the public's sense of the problem.

That is why the present study makes such a significant contribution to the debate on social welfare reform. The point of departure for this study was to pose certain questions about the public's perspective.

> What concerns influence the public's sense of what the government should do?
>
> How do people make judgments about what has worked, and what is likely to work?
>
> Which groups are perceived to need and deserve public help?
>
> How does the public's thinking about providing assistance to the poor differ from its thinking about providing access to health care for most Americans?
>
> Which reforms are people willing to pay for, and how much are they willing to pay?

If this study were nothing more than a social survey that posed these various questions, it would be valuable. But this study represents something more than a conventional social survey. This research is based upon a promising method that the Public Agenda Foundation has developed to test the public's response to new policy proposals. Daniel Yankelovich, President of the Public Agenda Foundation, describes that method and its significance in his introduction. From my own experience in the Federal government, I endorse this method as an invaluable way of listening to the public.

The Kettering Foundation has a special interest in public opinion research. Several years ago, in the preface to a book we published entitled Polling on the Issues, my colleague Phil Ruopp commented that "too often public opinion polls are treated as ends in themselves -- a form of gossip half-accepted as gospel -- rather than useful tools for probing the complexity of public images, attitudes and behavior." I applaud the current study as a new departure, a successful effort to improve upon social surveys by fashioning a better tool with which to plumb the public's thoughts and feelings about major policy initiatives.

Considering the active interest today in reconsidering the nation's social welfare and health insurance programs, the present study could not be more timely. This report helps to further the debate by taking a close look at how the public balances the need for certain initiatives against their cost. It helps to identify where the emerging consensus among leaders about social welfare reform is shared by the American public. It is an indispensable report for anyone who wants to understand how Americans are thinking about the government's role in social welfare in the late 1980s.

Introduction

Daniel Yankelovich
President, The Public Agenda Foundation

Over the past few years, the Ford Foundation's Project on Social Welfare Policy and the American Future has been engaged in a broad examination of American social policy. One of the objectives of that project has been to look beyond immediate concerns and to ponder the long-term direction of social welfare policy. For the past year, the Public Agenda Foundation has been working with the project, with a distinctive goal. With the encouragement of the project's director, Charles Hamilton, and Assistant Director Alice O'Connor, we have conducted a unique study of how Americans think and feel about social welfare policy.

This report offers an unusually interesting profile of the considered thoughts and feelings of the American public about a topic of great importance. It sheds new light on how Americans feel about six prominent reform proposals, and it also underlines the limits of what the American public is willing to spend for new social welfare programs.

The study is based upon a promising new method for taking a reading of public sentiments about public policy. The Public Agenda Foundation has pioneered in developing this method, which offers certain advantages over existing survey research techniques. Social surveys have some real limitations, particularly when their objective is to assess the public's reactions to unfamiliar public policy proposals. Typically, proposals are too complex and their implications too hard to grasp to expect a thoughtful immediate response to researchers' questions. Polls do not reflect and cannot predict the public's considered reaction once people have a chance to reflect on the cost and drawbacks of certain initiatives.

To inquire into how people think and feel about the government's role in providing for social welfare is to explore difficult terrain. People's thinking about social welfare programs is affected by their attitudes toward social justice, equality, the distribution of income, individual initiative and the role of government. Short of asking people how they react to specific proposals, it is difficult to anticipate how these values will shape their response.

The present study did what surveys are unable to do. In three-hour sessions held in five cities across the country, we asked participants to evaluate six proposals and then explored their responses in some detail. The 545 participants had sufficient time to learn about the proposals, to explore arguments for and against each of them, and to weigh the costs of each one. In gauging the public's reaction to each of these proposals, the study went beyond the conventional survey question of whether people are for or against more welfare spending to explore the reasons for their preferences and the sources of their ambivalence.

So the answers to the extensive questionnaires participants filled out at the end of the evening amount to considerably more than top-of-the-head reactions. Beyond providing a detailed portrait of why people support or oppose specific proposals, this study provides a reliable measure of how most Americans are likely to react to the proposals once they become a topic of national debate.

Findings and Themes: The Public's Perspective on Social Welfare Reform

This study reveals a good deal about how Americans think about the government's obligation to the poor, how government should help people become self-supporting, and what initiatives the government should not take. The report provides a detailed analysis of how people responded to six prominent welfare reform proposals:

1. Redesigning the AFDC (Aid to Families with Dependent Children) program to include a mandatory job search and training requirement.

2. Expanding the WIC (Women, Infants and Children) program to provide nutritional assistance to most low-income mothers.

3. Expanding the Head Start program to provide preschool educational intervention to most low-income children.

4. Supplementing the income of the working poor.

5. Providing health insurance to the working poor.

6. Instituting government programs to help all Americans pay the costs of catastrophic illness and long-term care.

The main section of this report provides a detailed analysis of the public's response to these each of these six proposals, including people's willingness to pay the costs they will entail. I would like to comment here on several of the themes that emerged from this study.

There Is a Striking Level of Dissatisfaction with Existing Anti-Poverty Programs.

This study confirms what other research has found, widespread dissatisfaction with the federal government's current efforts to help the poor. With regard to anti-poverty efforts, a large majority of white and nonwhite respondents alike believe that the current system is riddled with fraud and abuse. A deeper flaw, from the public's perspective, is that current anti-poverty efforts are generally considered ineffective in helping the poor to become self-supporting.

However, the Public Has Not Reached the Conclusion that There Is Nothing the Government Can or Should Do to Improve the Situation of the Poor

Despite widely shared dissatisfaction with and skepticism about government anti-poverty efforts and their outcome, most people do not believe that the poor should be left to fend for themselves. Nor are they willing to abandon goverment efforts to help those who were raised in poverty or those who are unable to be self-sufficient. The public readily acknowledges a social responsibility to help those who cannot help themselves.

Moreover, this study shows that several antipoverty programs are widely regarded as effective. This is particularly true of early childhood intervention efforts such as the Head Start program, which is generally regarded as a good public investment that helps children from poor families to become productive and economically independent citizens.

Getting Poor Americans to Work Is the Key to Gaining Public Support for Anti-Poverty Programs

Most Americans are deeply committed to the work ethic. Consequently there is widespread opposition to government assistance programs that do not require work or that seem to create a disincentive to find work. The public's emphasis on work and on helping people to become self-supporting can hardly be over-emphasized. Work is regarded as a source of personal dignity as well as a source of income. There is also an issue of fairness: Americans expect able-bodied adults to support themselves. Advocates of assistance for the poor may inadvertently undermine public support for government assistance if they downplay or ignore this deep-seated value. Getting people to work is the key element in determining which proposals for welfare reform will be judged acceptable by the public.

This study shows that government efforts to respond to the problems of the poor with cash subsidies are regarded quite negatively. That is true when people are asked about income subsidies for the working poor or cash subsidies for AFDC recipients. The reason for the public's disinclination is clear. Most people assume that cash subsidies undercut the motivation to work and improve one's situation.

The Public Rejects Programs That Support Non-Working Americans. On the Other Hand, People Support Programs That Get Able-Bodied People Into the Workforce or That Help Those Who Are Unable to Work.

The public makes a sharp distinction between programs that help people who are unable to work, and those that seem to encourage able-bodied adults to avoid work. This distinction sheds some light on the results of previous public opinion studies which suggest that the public's attitudes are inconsistent. In various polls, people have given quite different responses depending upon whether they are asked about "welfare" or about "assistance to the poor."

On the one hand, the public remains skeptical about government efforts to eliminate poverty. There is today, as there has been for years, general agreement -- shared by whites and nonwhites alike -- that many people on welfare could be working, that many people on welfare cheat, and that a lot of money spent on behalf of the poor has been wasted. The widely shared belief that government efforts to help the poor have generally failed provides political support for those who favor cutbacks in social programs.

This is why the word "welfare" elicits such a negative reaction. As this report shows, "welfare" is an emblem of widely acknowledged difficulties the government has had in devising effective ways of responding to the poor. "Welfare" is a code word for what the government has been doing to help the poor -- providing programs that are generally perceived as expensive, wasteful and ineffective.

On the other hand, this study highlights another aspect of the public's view of social welfare, the strand to which leaders who mention a "new compassion" are referring. Most Americans do not think that the practical problems of helping the poor justify abandoning the effort. While many people have reservations about the ways in which an expansive government role seems to undercut the motivation of the poor to help themselves, they continue to believe that there is no alternative to a major federal role in providing for the indigent. The obligation to provide for the poor is still widely regarded as a moral obligation that demands a federal response.

This explains why, as the present study shows, there is general approval of government initiatives that promise increased assistance to the poor who are unable to take care of themselves. "Assistance to the poor" describes the moral obligation to help the needy -- something the public still strongly supports.

Health Care is Regarded as a Basic Right, and Not as a Form of Welfare.

There is a striking level of discontent with the government's role in health care. To most Americans, it is a matter of principle: people have a right to medical care regardless of their ability to pay. This explains why, as this study shows, such a large majority supports the assertion that government should guarantee health insurance to the working poor, while at the same time rejecting other forms of assistance for this group.

Moreover, the sense of vulnerability among middle-income Americans about their ability to pay for medical needs explains why there is such broad support for a collective responsibility for catastrophic illness and long-term care. The conviction that the government should do more to provide proper medical treatment to all Americans is widely shared.

Most Americans Are Not Willing to Pay More than a Modest Increase in Their Taxes, Even for the Social Welfare Reforms They Favor Most Strongly

Various polls have shown that a majority of the American public believes the government ought to do more for the poor and expand its health insurance program. But are most Americans prepared to pay more for the programs they favor? At a time when lawmakers profess an acute concern about the need to reduce the federal budget deficit, it is especially important to know which proposals the public is willing to pay for.

This has become a matter of great practical significance since the stock market crash in October, which heightened concern about deficit spending. Passage of a major welfare reform bill, which seemed likely early in the fall, looks more doubtful now because members of Congress are increasingly nervous about any measure that might add to the federal deficit. Sponsors of the House version of the welfare reform bill described it as "deficit-neutral." Rep. Robert Michel (R-Ill.), the House minority leader, responded to that claim by saying "Spending is spending, regardless of how one tries to explain it away."

A unique contribution of the present study is that it provides a measure of the public's willingness to pay for these six proposals. One significant finding is that almost half of the participants in this study said they would pay at least an extra $25/year in new taxes annually for each of these six proposals. However, what is most notable about these findings is that they underline the limits of what the American public is willing to spend for new social programs.

The annual estimated cost of these six proposals for an average taxpayer ranges from about $25/year for the least expensive proposal to $120/year for the most expensive. Significantly, only a minority indicated a willingness to pay much more than $25/year for any of these proposals. This was true even of the most popular of the six proposals, the proposal to provide government help in paying for catastrophic illness and long-term care. With regard to that proposal, only 11 percent of the respondents said they would be willing to pay the actual estimated annual taxpayer cost of the proposal -- about $120 for an average taxpayer.

This finding amounts to a significant qualification of a pattern that has emerged in recent polls on the public's perspective on social welfare. In general, it appears that the American public is somewhat more inclined today to support social welfare spending than it was several years ago. For example, a 56 percent majority indicated in a recent poll that they would prefer having a President who spends more on social needs, while only 33 percent said they would prefer a President who keeps such spending at current levels (Yankelovich, Clancy, Shulman, February, 1987).

Sigificantly, the same poll showed that a 77 percent majority feels that the federal government should play a more active role in such areas as health, education and help for the poor. Sixty percent of those questioned say they would support increased spending for social programs even if it means paying more in taxes (Yankelovich, Clancy, Shulman, February, 1987).

One of the contributions of the present study is that it provides a measure of the extent to which Americans would agree to pay more in taxes, and for what purposes. The study also indicates that the public is willing to pay more for certain programs that are generally regarded to be effective, such as the Head Start program. Most people are not willing, however, to pay the full estimated cost of these programs. They want to go one step at a time. Thus, the change in the public mood is distinctly not a pendulum swing from conservatism back to New Deal liberalism.

Throughout the 1960s and into the 1970s, there was a widely shared assumption that this country was affluent enough to afford most of what the government should do. In recent years, however, the public has become far more concerned about uncontrolled public expenditures. The disinclination of most people to agree to anything more than modest increases in their taxes for these proposals does not reflect a lack of social concern. It is, rather, a reflection of a fear of government spending that has gone out of control, with perverse consequences.

Social Welfare Reform: A Concern Whose Time Has Come Once Again

At a time when candidates and elected officials are proposing new social welfare measures, it is important to be clear about which initiatives the public supports, why the public supports those proposals, and whether people are willing to pay for them. In an era of severe fiscal constraints, it is a task of no small importance for leaders to distinguish between what government _might_ do and what it _should_ do in providing for social welfare. Elected officials who hope to gain public support for these proposals will have to do more than hoist the banner of a "new compassion." The American public needs to be convinced not only that proposals are well-intended but also that they are likely to achieve their intended results.

2. Proposal-By-Proposal Review Of Findings

With regard to each proposal, this report presents

(1) The public's starting point, its awareness of the program involved, and its initial concerns and considerations

(2) The public's overall response to the proposal

(3) Perceptions of the main arguments for and against the proposal

(4) The concluding section addresses the prospects for this particular proposal

A. Reforming AFDC

Introduction

For years, there has been general dissatisfaction with the principal federal-state program of cash assistance to the poor, Aid to Families with Dependent Children. Critics have consistently charged that AFDC is deeply flawed, that it exacerbates the problems of single motherhood and broken families, and that it poses an obstacle to anyone who wants to depart from the welfare rolls for remunerative work. Most of all, critics of AFDC assert that it encourages a dependent welfare class that persists over generations.

Over the past two decades, three major proposals have been put forward to reform the AFDC program. The first, devised by Daniel Patrick Moynihan when he was a counselor to President Richard Nixon, was the Family Assistance Plan of 1969. That plan amounted to a guaranteed annual income for the working and nonworking poor. It failed because its proponents could find no way of simultaneously meeting three objectives: keeping the program's costs down, providing adequate subsidies, and encouraging the able-bodied to re-enter the labor force.

A second effort to reform the welfare system was President Carter's 1977 Initiative, the Program for Better Jobs and Income. Again, Mr. Moynihan was the chief spokesman for the proposal, which in several respects repackaged the earlier plan. Like its predecessor, the plan foundered because proponents could find no way of accommodating program costs, benefit levels, and work incentives.

In recent months, the topic of welfare reform has once again appeared on the Congressional agenda. Despite the fact that the federal government and the states each spend roughly $8 billion per year for a program that provides benefits to 3.8 million families, the results still seem dramatically at odds with the intentions. As indicated in the Census Bureau's recent report on family income, this country has made little progress in reducing the number of families living below the poverty line. In 1986, 13.6 percent of the American population was below the poverty line. That's down from the recent high of 15.2 percent in 1983, when the nation experienced a severe recession. However, it is a higher figure than any nonrecession year since 1967. The Census Bureau's statistics provide a snapshot of a two-tiered society in which poverty persists even at a time of general prosperity.

The paradox of continuing high poverty during a period of general prosperity has contributed to the recently emerging consensus -- again led by Sen. Moynihan, currently chairman of the Senate Finance Subcommittee on Social Security and Family Policy -- that welfare must be reformed.

Linking Welfare to Work: An Emerging Consensus

In contrast to the two previous efforts to reform welfare, this time there is an emerging consensus about the importance of linking welfare to work. In the current quest for a new strategy to break the cycle of welfare dependency, a broad base of political support is forming. Legislation introduced in the House and Senate is similar to a proposal that elicits nearly unanimous approval among the state governors.

The common goal of these proposals is to take as many people as possible off public assistance and put them to work. From this perspective, reform of the welfare system requires extraordinary efforts to encourage young, single mothers with little education and few job skills to acquire the training and job skills they need to become economically independent.

The bills under consideration in the House and Senate would enact this consensus into law. They would require welfare recipients to enroll in school or job training programs. The federal government would pick up a substantial part of the cost of training or education, while allowing the states to determine the program's details.

The Proposal

This recent effort to reduce dependency and encourage welfare recipients to be self-sufficient is animated by several ideas that are worthy of examination and debate. In our labs, we asked participants to consider the following proposal: To continue to qualify for AFDC benefits, able-bodied recipients must actively look for a job, or they must be enrolled in educational or job training programs. In each of these efforts, recipients would receive assistance from a substantially expanded welfare agency that assesses clients' skills and helps to locate appropriate training and jobs. Day care would be provided for the children of welfare recipients.

One aspect of the proposal we asked participants to consider addressed the question of what to do with AFDC recipients who are unable to find a wage-paying job after they participate in training. This has been one of the contended details of the recent welfare reform package. Governor DuPont, among others, has proposed offering government work to those who cannot find jobs in the private sector. We asked respondents how they feel about a program in which individuals who are unsuccessful in finding employment after two years would be obliged to fill public service jobs by performing work such as working in schools or health care facilities. Those would not be wage-paying jobs, but public service provided in return for AFDC benefits.

The AFDC reform proposal that we presented to 545 participants, like the one under consideration in the House and Senate, amounts to a new social contract between the government and the poor. The government pledges a new effort to assist welfare recipients into the economic mainstream. In return, able-bodied recipients will be expected either to work or to prepare for participation in the labor force.

Under the plan we tested, we assumed that the cost of AFDC to the states and the federal government would increase by a total of $10 billion. We assumed that this cost would be distributed by an increase in the income tax. Shared by an estimated 80 million taxpayers, the increase equals a first year cost of about $120 for an average taxpayer, which is the price tag attached to our description of the proposal.

The Public's Starting Point on AFDC Reform

Finding 1: Most people believe that the federal government has a responsibility to help people who cannot help themselves.

Respondents distinguished between those who can provide for themselves and those who cannot. Nearly everyone agreed that those who are not able-bodied should be provided for generously, with no strings attached. When commenting on what should be done about children, the elderly or infirm people living in poverty, most respondents said that the government should generously provide for them, with no qualification other than need.

With virtual unanimity, people agreed that this area is one in which the federal government must play an important role. Poverty is regarded as a national problem requiring a response from the federal government. "The government has a moral responsibility to its helpless citizens," said one man. Another man compared the people of the United States to the members of a family. "I consider the people of the United States like one family," he said. "I certainly wouldn't kick my son out the door if he needed help."

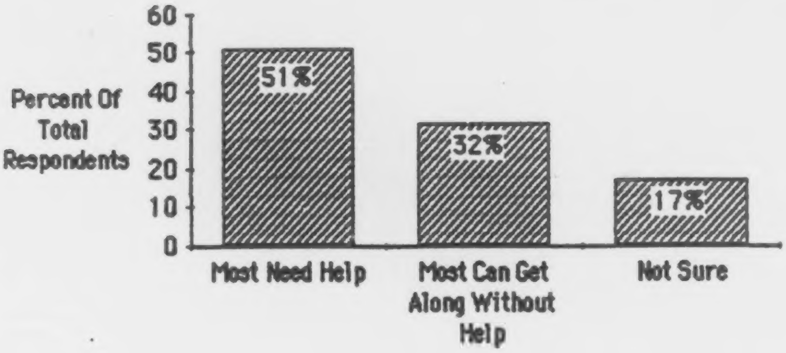
A woman from San Francisco said, "There should be a distinction between those who aren't able to work and people who are able to work and take care of themselves." A man in that group said, "I have every sympathy for people who cannot take care of themselves for reasons of illness or insufficient education." Numerous respondents expressed special concern for the children of poor parents. As one man put it, "There is something tragic about children being poor. They're there by no fault of their own, just because their parents can't afford to take care of them."

Finding 2: However, there is a widespread perception that many AFDC recipients don't need or deserve public assistance.

The public is divided as to whether most AFDC recipients deserve assistance. A bare 51 percent majority expressed the belief that most welfare recipients do need help, and could not get along without welfare. However, a large minority (32 percent) felt that most welfare recipients could get along without help, and 17 percent were not sure whether most recipients need help or not.

These results help to explain why so many Americans are dissatisfied with AFDC. There is a widespread belief that many AFDC recipients do not need help.

"Most people who receive money from welfare could get along without it if they tried. Or most of them really need help." [Pretest Result]

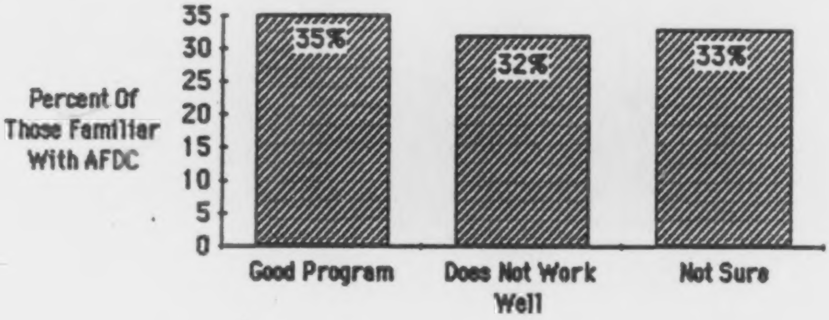


Non-whites are somewhat more convinced that most AFDC recipients need the assistance provided by this program. While 49 percent of the white respondents said that welfare recipients need help, that view was expressed by 59 percent of the nonwhite respondents. However, 27 percent of the nonwhites felt that most AFDC recipients do not need help, and 14 percent weren't sure. So there was a sizeable number of nonwhites who differed from that view.

Finding 3: The public's perception of AFDC is consistently negative.

No matter how the question is posed, the public's reaction to AFDC is negative. Of those familiar with AFDC, only 35 percent regard it as a program that is working well.

"How do you feel about AFDC?" [Asked of those indicating they were familiar with the program. Pretest Result]

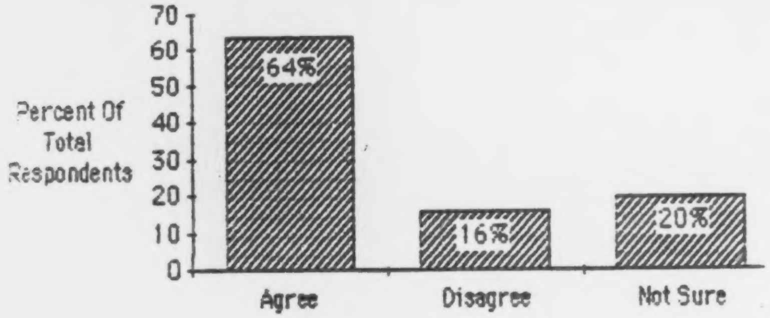


Nonwhites hold a somewhat more positive view of the existing AFDC program, with 54 percent saying it's a good program, compared to 30 percent among whites.

Finding 4: AFDC is regarded as a deeply flawed program for two reasons: Large majorities believe that fraud is widespread, and that AFDC perpetuates the problem of poverty.

The majority view is that cheating among AFDC recipients is rampant, that many people on welfare get money to which they are not entitled. A man from San Lorenzo, California said, "There are so many more people sponging off welfare than really need it." Welfare recipients are widely regarded as able-bodied and indolent people who take advantage of the program.

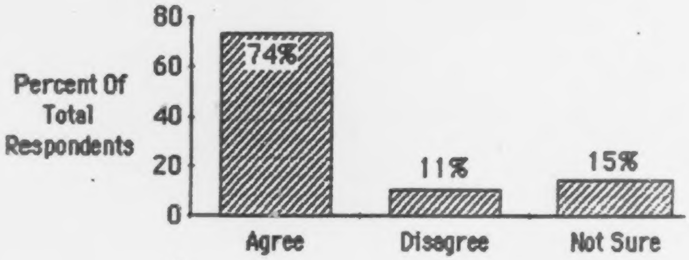
> "How do you feel about this statement? Too many people on welfare cheat by getting money they are not entitled to." [Pretest Result]



There is majority support among both whites and nonwhites for the assertion that too many people on welfare cheat.

Moreover, AFDC is regarded as deeply flawed because of the long-term dependency it seems to promote. As a man from San Francisco said, "Welfare perpetuates itself, generation after generation." Repeatedly, people said that the system perpetuates poverty by discouraging self-sufficiency, and by encouraging those who can least afford to raise children to have more of them.

> "Our current welfare system actually perpetuates the problem of poverty instead of giving recipients the incentive and help to become economically independent." [Pretest Result]

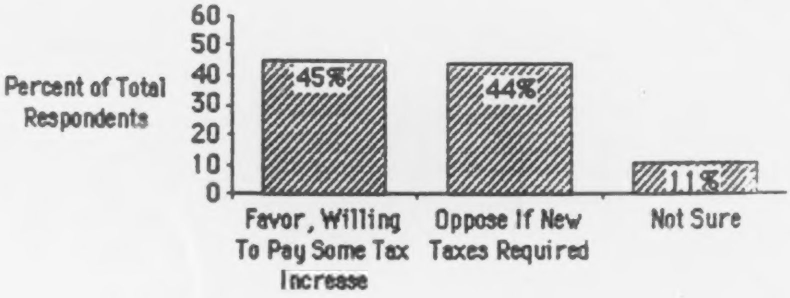


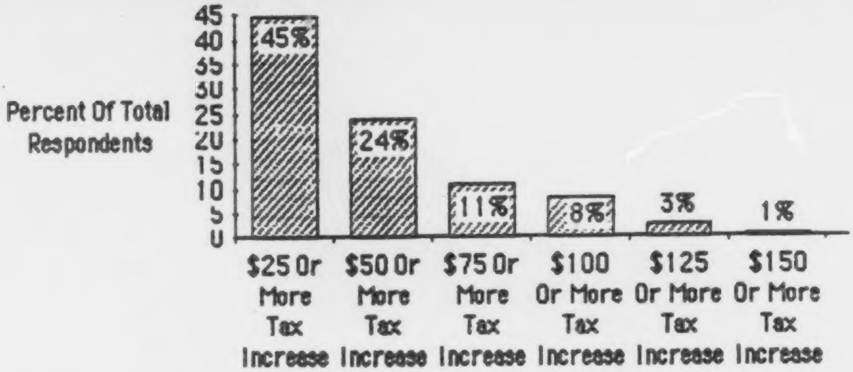
This view that the current system perpetuates poverty is shared by whites and nonwhites alike. Large majorities in both groups (75 percent among whites and 67 percent among nonwhites) agree that the current welfare system perpetuates poverty.

The Public's Overall Reaction to the Proposal

Finding 5: The public's reaction to the principle of this reform is generally favorable. Almost half of the respondents said that they would agree to a tax increase of $25/year or more to change the AFDC program by adding a mandatory job search, training and work requirement. However, only 3 percent agreed to a tax increase of $120/year for this purpose -- the estimated cost for an average taxpayer of implementing this proposal.

Support for Changing AFDC





Nonwhites are more willing than whites to agree to a tax increase for this purpose. Fifty-eight percent were willing to pay $25 or more per year in taxes.

Most Persuasive Arguments For and Against the Proposal

Finding 6: A majority of the respondents agreed with three arguments for the proposal to add a work/training requirement for all AFDC recipients. Most people agreed that:

> The changes will provide an incentive for individuals to become economically independent.
>
> The program represents a good investment because it is likely over time to reduce the number of people who are poor.
>
> The additional cost of the program will be offset by the number of welfare recipients who find work and start paying taxes.

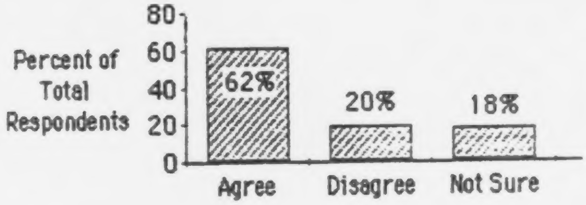
The Work Requirement as an Incentive

People generally favor the idea of imposing a training and education requirement for AFDC recipients, and requiring them to take public service jobs if, after two years, they cannot find a wage-paying job. After lab participants reviewed various arguments for and against the proposal, it became clear that for many of them, the chief reason for favoring the proposal is that it would serve as an incentive to economic independence by requiring people who are now dependent to perform some useful task.

Repeatedly, respondents asserted that most welfare recipients do not share the majority view about the importance of hard work. "How are we going to educate these people [welfare recipients] to think our way?" asked one man. As a woman from that same group said, "Most Americans have bought into the work ethic. But some people don't believe in it."

One of the chief purposes of welfare reform, as a man from the San Jose area put it, should be "to get people motivated and become part of the system." Judging by what respondents said, most Americans are convinced that putting welfare recipients to work will help them gain a sense of pride and enhanced self-esteem.

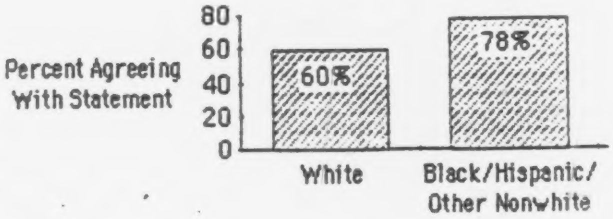
> "These changes will provide the incentive and the opportunity for welfare recipients to become economically independent."



The belief that a work requirement would provide the incentive for many welfare recipients to become economically independent was held most strongly by those in the $10-20,000 family income bracket -- those who are working and earning enough to live above the poverty line. In this group, 74 percent agreed with the statement.

Although majorities of both whites and nonwhite respondent agree that this proposal would provide an incentive to economic independence, this view is held more strongly among non-whites, almost four-fifths of whom agree with this statement.

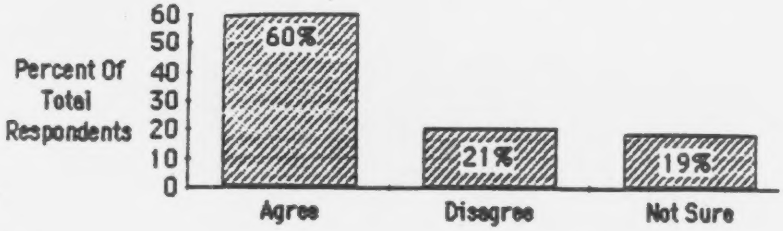
> "These changes will provide the incentive and the opportunity for welfare recipients to become economically independent." [Percent who agreed with statement.]



Welfare Reform as an Investment to Reduce Poverty

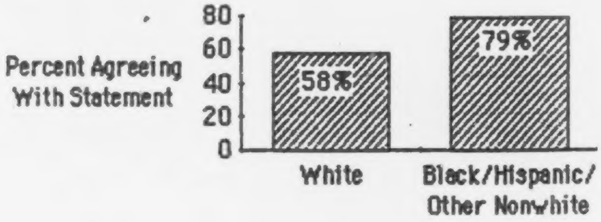
Many respondents felt that another persuasive argument for this proposal is that it is a social investment to break the cycle of poverty. In the words of a woman from San Francisco, "Initially, this system will cost more, but it's an investment for the future." A woman from Philadelphia said, "Because kids from poor families will see their mothers working, they'll have a better attitude [about their mothers and themselves]. It will help to break the cycle of poverty."

> "These changes are an investment that will help to reduce poverty in the United States."



The belief that this proposal would, over time, help to reduce the number of people who are poor seems particularly convincing to nonwhites.

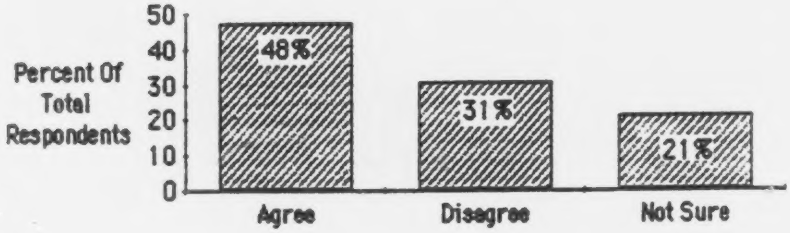
> "These changes are an investment that will help to reduce poverty in the United States."



Reducing Costs by Bringing New Workers Into the Labor Force

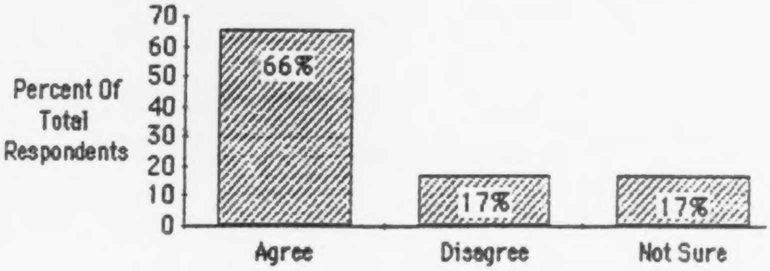
Another argument, that costs of this reform would be offset by new tax revenues from welfare recipients who enter the labor force, was particularly persuasive to those at the lower end of the income scale, and those with less than a high school education. A woman from Nashville said, "In the long run, this is going to save money. It's going to discourage some people from getting on the welfare list in the first place. And it's going to help some who are now on welfare to get jobs."

> "These changes won't be expensive since many welfare recipients will go to work and start paying taxes instead of collecting welfare."

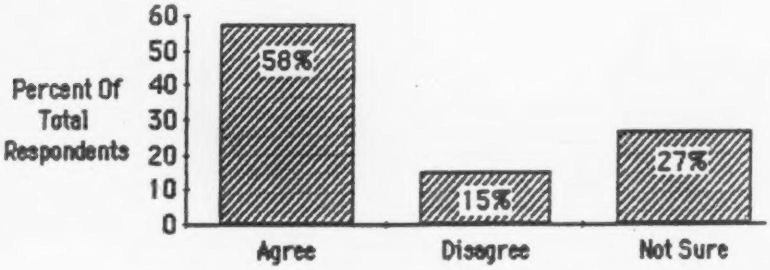


Finding 7: There is substantial agreement with two arguments against this proposal: A majority was concerned about the bureaucratic bulge of counselors, trainers, and new government employees that might result. A majority also believes that the actual cost of the proposal will be far higher than the estimated cost. However, even though a majority of the respondents are concerned about these two effects of a redesigned AFDC program, the objections do not undermine the over-all support for the proposed reform.

"These changes will create a huge bureaucracy of counselors, training staff, and new government employees."



"Those who want to change AFDC almost certainly underestimate how much it will cost."



Finding 8: Three practical objections that have been raised against the proposal to impose a work requirement on welfare recipients are not persuasive to most Americans:

-- Some critics of the proposal have asserted that since few suitable jobs are available, it is unrealistic to expect that many welfare recipients will be able to find jobs

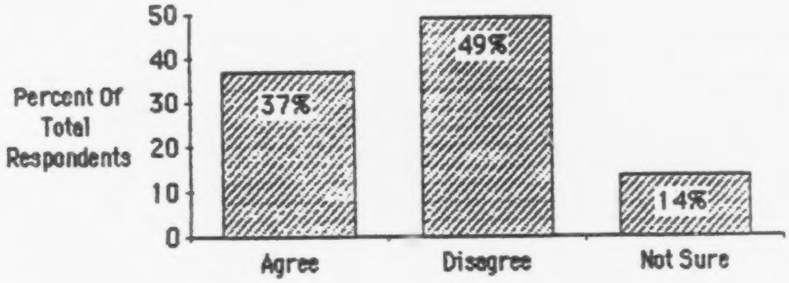
-- A second objection is expressed by those who oppose creating government jobs for those who cannot find jobs in the labor market.

-- A third objection raised by some critics of the proposal is that it is not in the best interest of preschool children in poor families to be separated from their mothers during the day

Each of these assertions is a minority view today. None was convincing to a majority of respondents as an argument against a work requirement.

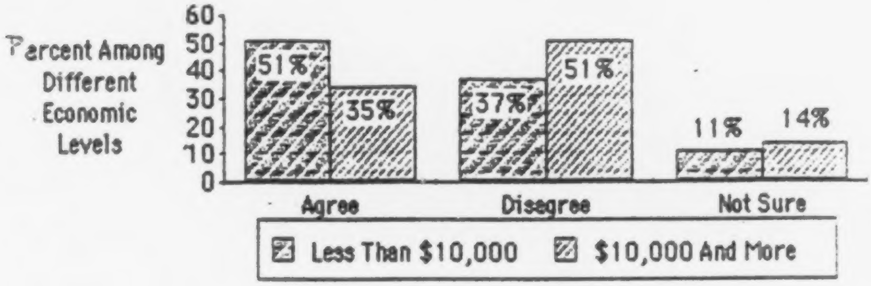
With regard to the availability of jobs, we found that -- by about a 4-to-3 margin -- people think that it makes sense to provide additional job training because they believe that jobs are available. "Just look at the 'Help Wanted' column in the newspaper," said a man from Philadelphia. "There are lots of jobs for people who want to work."

> "Since there are not enough private-sector jobs for those who want them now, it makes no sense to train people for jobs that don't exist."



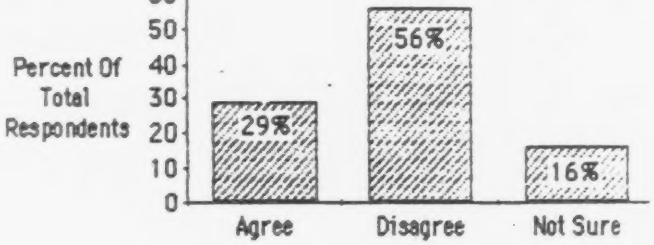
However, a sizable minority did find this argument persuasive. In Houston, where the unemployment level is higher than it is elsewhere, 42 percent of respondents expressed the view that it is unrealistic to expect jobs to be available. In the words of a woman from Houston, "They can't find jobs for those who aren't on AFDC. How are they going to find jobs for people who are?" Among those earning less than $10,000 there was also majority agreement with this view.

"Since there are not enough private-sector jobs for those who want them now, it makes no sense to train people for jobs that don't exist."



A small minority said they were opposed, for practical and philosophical reasons, to the idea of government-created jobs for welfare recipients. However, in no city did more than three in ten people agree with this view.

"I oppose the idea of creating government jobs for welfare recipients."



The view that welfare recipients should be expected to perform some kind of service was endorsed almost unanimously. Most respondents were persuaded that it's only fair to expect people who receive subsidies to do something in return.

Neither was there much opposition to the idea that day care should be provided to allow single mothers with young children to seek training and jobs. A few respondents expressed reservations about day care for very young children. For example, one woman said, "If you have children under four, you should not have mandatory day care centers. You should have a choice of job training or staying home with your children." But the prevailing sentiment among respondents was that it is neither unfair nor harmful to children to expect that women who are welfare recipients should be expected to do the same thing.

A generation ago, the suggestion that mothers with young children should be required to leave their children in the care of others in order to acquire training or perform jobs was strenuously opposed by many who felt that such mothers ought to stay home to care for their young children. But today, when more than half of all American mothers with children under the age of 3 are working, this idea is both popular and politically palatable.

Conclusion: Prospects for AFDC Reform

Since the New Deal, there has been persistent debate about whether welfare recipients should be required to work, and if so, whether the government should provide jobs. For years, polls have shown strong support for a work requirement for welfare recipients. A 1972 Harris poll, for example, showed an 89 percent majority in favor of making people on welfare go to work. An NBC poll taken in 1977 showed a 93 percent majority saying that able-bodied recipients receiving welfare checks should be required to work at public jobs. However, this preference has been undermined by certain practical objections. There has been widespread criticism of the "make-work" that many public jobs seem to entail. Many people have had reservations about requiring welfare mothers to leave their young children in day care centers while they participate in training programs or look for jobs. Judging by the results of this study, most Americans no longer hold such practical reservations.

There is deep dissatisfaction with the existing AFDC program. A majority of the American public, including both whites and nonwhites, believes that cheating and abuse are widespread, that AFDC promotes single motherhood and broken families, and that it perpetuates poverty by promoting long-term dependency.

Many respondents are willing to pay higher taxes to enact this proposal. They found numerous elements attractive, including the provision of training for poor people and the requirement that recipients work in exchange for benefits. Most importantly, respondents were interested in finding a new approach to reduce poverty. As a woman from the Bay area put it, "I think it's about time we did something like this."

In reaching a generally favorable assessment of the work and training requirement for able-bodied AFDC recipients, most people are not inclined to ask whether past training programs have been effective in increasing long-term employment. Mainly, this is a common-sense judgment based upon the conviction that the able-bodied poor should be required to do something in exchange for the benefits they receive.

It is worth noting that the workfare and training aspects of the proposal appeal to people on different parts of the political spectrum for different reasons. To conservatives, it represents a way of getting tough with able-bodied but indolent welfare recipients. Many social liberals support the proposal because of what it promises to the poor -- job training, education, day care, and a way to reduce economic dependence.

Still, the public's response to this proposal is mixed. While respondents liked certain aspects of it, they were disturbed about others. In addition to the cost, many people fear that the proposal would lead to a larger welfare bureaucracy, that it would not curb abuse, and that it would not ultimately help recipients to become economically independent.

We explained why the new system would be more expensive than the current one. While 45 percent said that they would pay higher taxes to enact the change, only 3 percent were willing to pay the $120 that the new program would cost an average taxpayer. So even if people generally favor the reform proposal, there is a definite limit to the new taxes people will agree to for this purpose.

Many people regard this proposal as an investment that will benefit the entire society and eventually pay for itself. They support this proposal because, in the words of a man in a San Francisco group, "Providing job training and jobs for people who receive public assistance would be one of the best investments we could make as a nation."

Support for this proposal amounts to a preference for a kind of governmental "tough love," a pragmatic form of compassion. Still, here as elsewhere, there is a general wariness about any measure that would require massive new social spending -- and a widespread unwillingness to pay more than a modest increase in taxes for this program.

B. Early Childhood Intervention: Expanding the WIC and Head Start Programs

Introduction

Over the past few decades, several distinctive strategies for helping the poor have been proposed. At one point, publicly subsidized housing was widely regarded as the most promising way to help the poor. Later, the emphasis shifted to income assistance strategies. Recently, a consensus has been forming among leaders about another strategy for helping the poor. In the words of a recent New York Times editorial, "After decades of disappointment with antipoverty programs, society is discovering that it knows how to do something that works: concentrate on helping poor children in their earliest months and years of life."

This assumption provides the point of departure for several recent reports and proposals. A report from the Committee on Economic Development warns of the growth of a "permanent underclass" of young people who cannot hold jobs and recommends a major investment in prenatal care for pregnant teenagers and other "high risk" mothers, as well as follow-up health care for their infants, and preschool programs for disadvantaged 3- and 4-year olds, among other measures. In Congress, several House and Senate committees conducted a rare joint meeting in September to consider early childhood legislation.

Issues that do not normally attract much national attention such as prenatal health and enriched preschool education have become quite prominent. In the campaign, as candidates of both parties try to take the lead on the "kid's issue," several Presidential hopefuls are proposing early childhood measures. An alliance of organizations is currently advocating a new bill to be introduced in Congress this fall by Sen. Christopher Dodd (D-Conn.) and Rep. Dale Kildee (D-Mich.) that would commit more federal money to childcare for low-income families.

Whether a broad-based coalition forms around early childhood intervention depends in part on whether the public is convinced of its value as a way of breaking the cycle of poverty. It also depends upon the public's evaluation of existing efforts -- particularly the WIC and Head Start programs.

The Proposals

We presented two parallel proposals to test the public's response to early childhood intervention. The first is a proposal to expand the WIC (Women, Infants and Children) program. Currently, this program, which provides diet supplements and medical checkups for poor pregnant and nursing women and their children, reaches only about a third of the women who are eligible. There has been recent discussion in Washington about expanding the WIC program to serve a greater percentage of poor mothers. In October, 51 senators signed a joint resolution asking for additional funding for the WIC program.

Under the proposal that participants in these labs considered, WIC would be expanded to provide assistance to virtually all mothers living in poverty. It is estimated that the cost of tripling the size of the WIC program would be about $4.5 billion per year. That amounts to about $55/year for an average taxpayer. Proponents of an expanded WIC program are convinced that this represents a program of proven effectiveness that is helpful in reducing infant mortality and increasing birthweight.

A similar argument is made by those who favor expanding the Head Start program. This program, which has been in effect since the mid-1960s, is a federally funded preschool program that provides an enriched educational experience to youngsters from poor families. Proponents of Head Start are convinced that it enhances the likelihood of success in school and later employability, thus reducing future dependence.

Currently, only about one-fifth of the children who qualify for Head Start actually attend. The proposal is to expand Head Start to make it available to every poor child in the United States. The estimated cost of quadrupling the size of Head Start is about $4 billion per year, which comes to about $50/year for an average taxpayer.

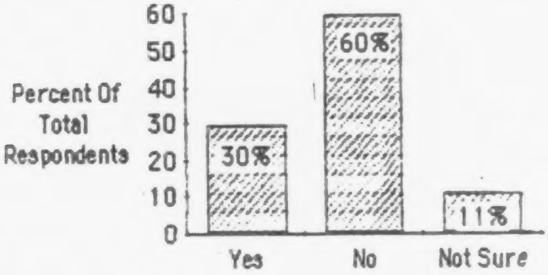
The question is how the American public assesses the WIC and Head Start programs, and whether most people agree that a major expansion of these programs should be undertaken.

The Public's Starting Point on Head Start and WIC

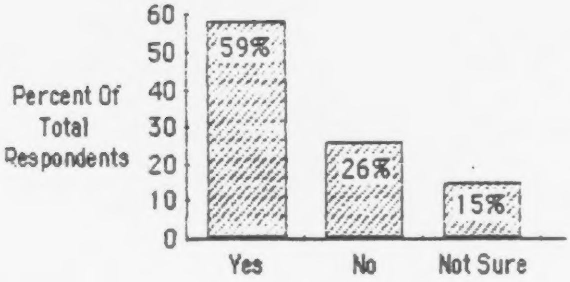
Finding 1: Head Start and WIC are popular programs. Compared to Head Start, fewer people are familiar with the WIC program. But among those who are familiar with it, most regard it about as favorably as Head Start.

Judging from the reactions of respondents in the questionnaires and in the discussion groups, Head Start is one of the most popular efforts launched under the poverty program of the 1960s. Although fewer people are familiar with the WIC program, among those who knew about it, this program too elicited a very favorable response as a way of providing an important kind of assistance to people who deserve help. By and large, people have far fewer reservations about these programs than they do about the AFDC program.

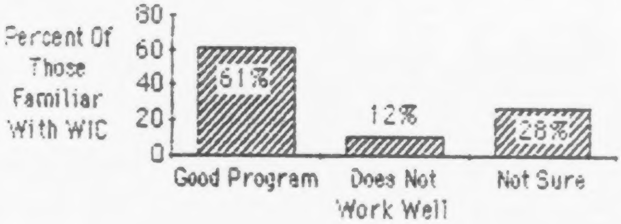
"Are you familiar with the Women, Infants and Children or WIC program?" [Pretest Result]



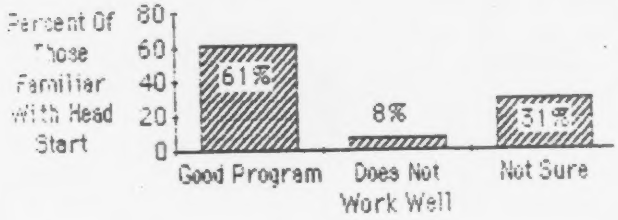
"Are you familiar with the Head Start program?" [Pretest Result]



"How do you feel about the WIC program?" [Asked of people who indicated they were familiar with the program. Pretest Result]

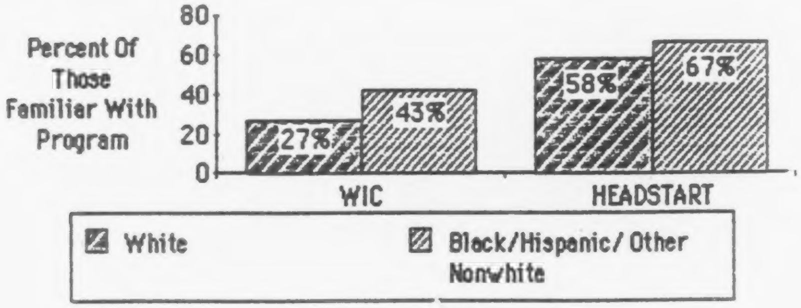


"How do you feel about the Head Start program?" [Asked of people who indicated they were familiar with the program. Pretest Result]

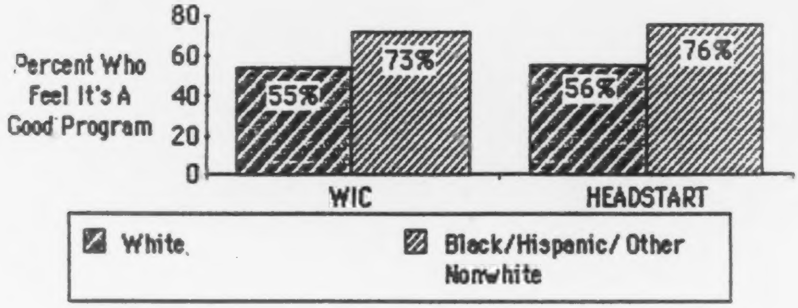


Finding 2: Non-whites, who are more familiar with the Head Start and WIC programs, are even more positive in their evaluation of these programs.

Are you familiar with WIC and Head Start? [Those who indicated they were familiar. Pretest Result]



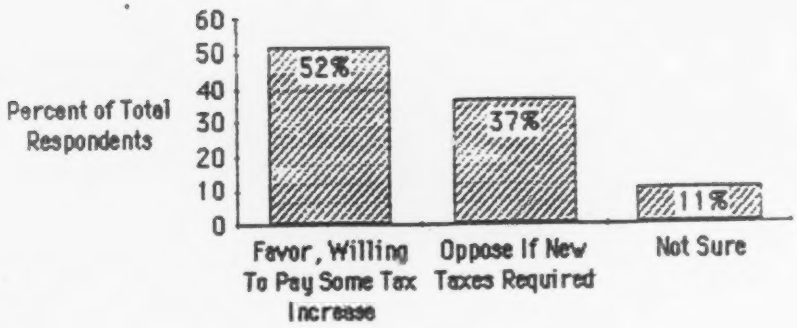
Do you feel that WIC/Head Start is a good program? [Asked of those who indicated they were familiar with the program. Those who indicated it was a good program. Pretest Result]

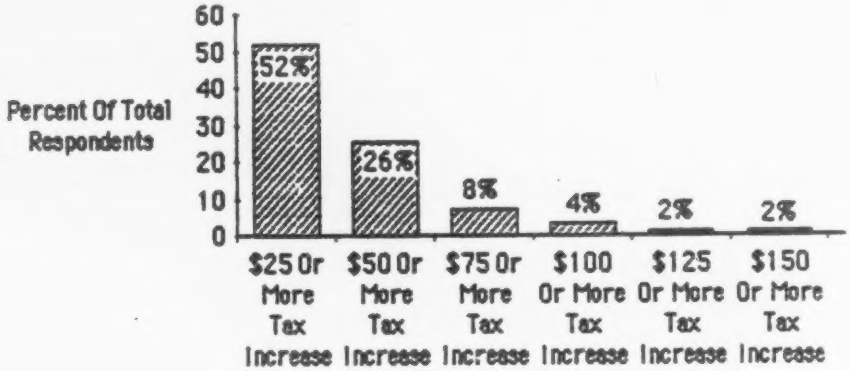


The Public's Overall Reaction to the Proposal to Expand Head Start and WIC

Finding 3: There is a more favorable response to the proposal to expand the Head Start program than to any of the other five proposals. More than half of the respondents said they would agree to at least a modest tax increase for this purpose. More than one quarter indicate a willingness to pay $50/year for this purpose -- the estimated cost of the proposal.

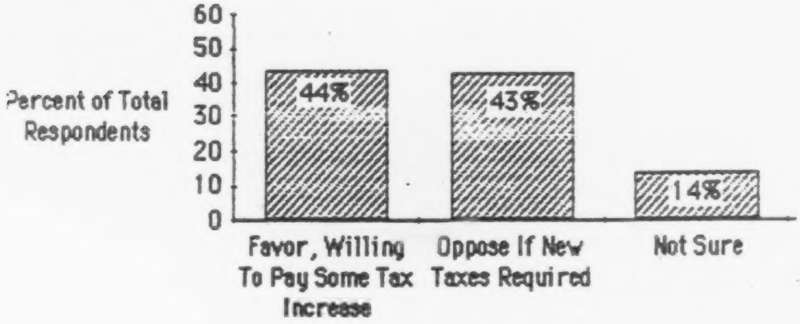
Support For Expanding Head Start

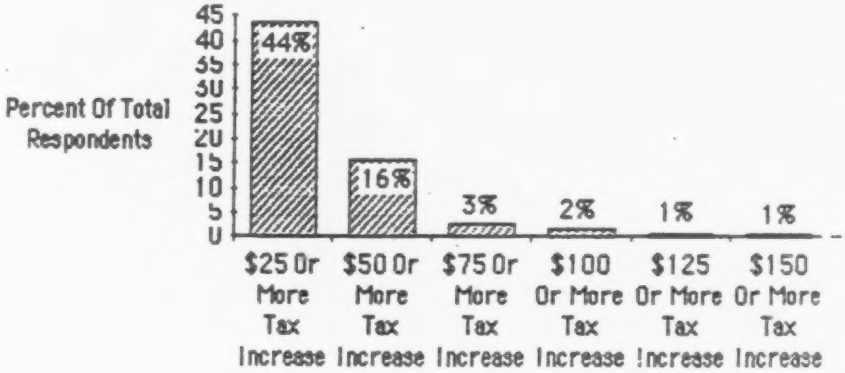




Finding 4: Similarly, there is a generally favorable response to the proposal to expand the WIC program. Forty-four percent agreed to pay $25/year or more for this purpose -- the estimated cost of the proposal.

Support For Expanding WIC





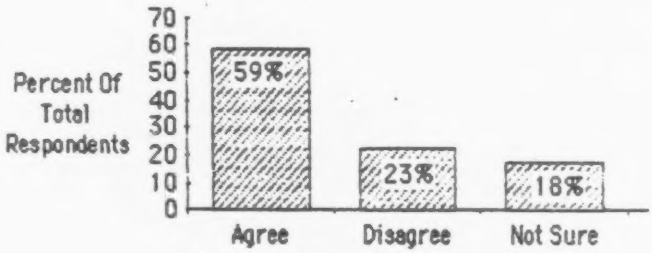
Nonwhites indicate a greater willingness to pay for the additional cost of expanding these programs. For example, 72 percent of the black, Hispanic and other nonwhite respondents said they would pay at least an additional $25/year in new taxes to expand Head Start (compared to 50 percent among whites). And 61 percent of the black, Hispanic, and other nonwhite respondents said they would pay at least an extra $25/year to expand WIC (compared to 42 percent among whites).

Most Persuasive Arguments For and Against the Proposals

Finding 5: Both Head Start and the WIC program are widely regarded as good social investments. With regard to each proposal, this is the strongest argument in its favor.

There is general agreement with the assertion that WIC represents a wise social investment and that each dollar spent on providing for the needs of poor, pregnant women is likely to save money by increasing birthweight and reducing subsequent medical costs. About six respondents in ten agreed with the argument that providing prenatal care and food for pregnant women and infant children through the WIC program is not only charitable, but also a good social investment. In the words of a man from San Jose, "This is the earliest point at which you can do anything about society. So let's do it there." "If these mothers don't get proper nutrition," said a man from Philadelphia, "society will have twice the medical costs down the road."

> "WIC probably pays for itself by helping prevent birth defects and other disabilities that are very expensive to treat."



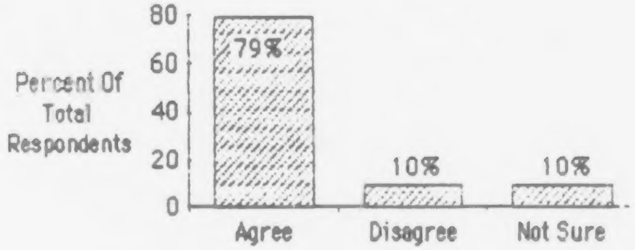
Similarly, a large majority is convinced of the effectiveness of Head Start as a social investment, an attempt to intervene early in the lives of poor children in order to break the cycle of poverty.

Proponents of an expanded Head Start program underline the importance of early childhood intervention to teach basic skills as a prerequisite to later success in school and the job market. They assert that evidence -- such as the long-term study of preschool age children from poor homes who graduated from the famous Perry Preschool Project in Ypsilanti, Michigan -- affirms the importance of a year or two of early schooling for children from poor families. The results of our study suggest that large majorities of Americans agree with both points.

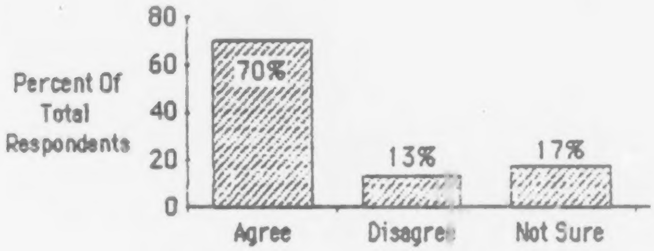
While most people agree with the evidence of the long-term beneficial effects of preschool programs, respondents were most convinced by success stories that they knew of personally. By and large, people judge programs by a straightforward criterion: Do they deliver what they promise, and are they successful in lifting people out of poverty?

By both criteria, a large majority of Americans is convinced that Head Start works, and that it represents a sound social investment. "Without Head Start, kids from poor families would never be able to catch up," said a man from Philadelphia. "The best way to break the cycle of poverty," said a man in Nashville, "is through education." In the words of another man, "When we help poor children, we are investing not only in our children but in ourselves, and in the whole country."

"To break the cycle of poverty, we must help poor children early in their lives."



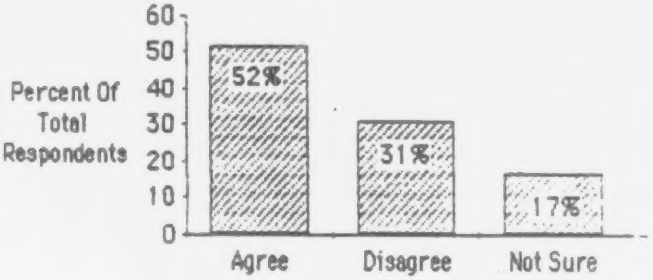
"Head Start helps poor children do better all through life by teaching them basic skills and giving them more self-confidence."



Finding 6: Three objections to expanding the WIC program are widely shared. The first is that many people are uncertain about whether it is necessary to expand the WIC program substantially beyond its present scope. A second objection is that many people object to any program that encourages poor women to have more children than they can provide for. A third argument rests upon a concern that the program's costs may grow out of control.

In the case of WIC, as with each of the other proposals, we presented arguments for and against expanding the existing program. The most persuasive argument against expanding WIC is that many people feel that the services provided by the WIC program are already available in some other form to the women who need them. That is a position with which a slight majority agreed.

> "Every poor woman in the United States does not need help from this program; WIC is already there for those who need it most."

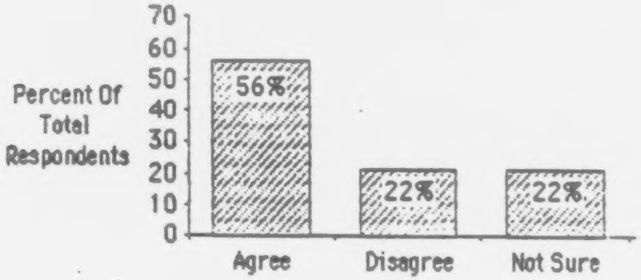


In most of the labs, some respondents said that services such as those offered by WIC are already available. "Nurses in public hospitals in this county already offer prenatal counseling, and food supplements are available to anyone on welfare," said a man from San Lorenzo, California. "Why do we need to offer anything more?" A woman in that group said, "If poor people don't take advantage of what's already offered, what sense does it make to expand the WIC program?" Many respondents expressed confusion about whether poor women already have access to such services in most communities.

Another argument that was stated repeatedly is that expanding the WIC program -- or offering any other assistance to poor women, for that matter -- sends the wrong signal. Respondents feared that expanding WIC would encourage poor women to have more children than they could afford to provide for. In the words of a woman from Philadelphia, "Before we offer anything else to these women, we should educate them not to have any more children." Many respondents were eager to offer additional assistance to poor children, but reluctant to offer additional assistance to their mothers.

Additionally, a majority said that expanding WIC will cost more than projected, and could lead to a program that grows out of control.

> "If WIC is expanded to three times its current size, it will grow out of control like so many other government programs."



In the discussions, many participants tried to reach a middle-ground solution that would deal with two concerns: the view that expanding WIC is a good idea, and the fear that an expanded program would grow out of control and waste money by helping women who do not really need assistance. Because of uncertainty about whether dramatic expansion of WIC is necessary in most communities, it was frequently suggested that WIC be expanded gradually, and that such expansion should be monitored carefully to ensure that only the people who really need assistance are getting it.

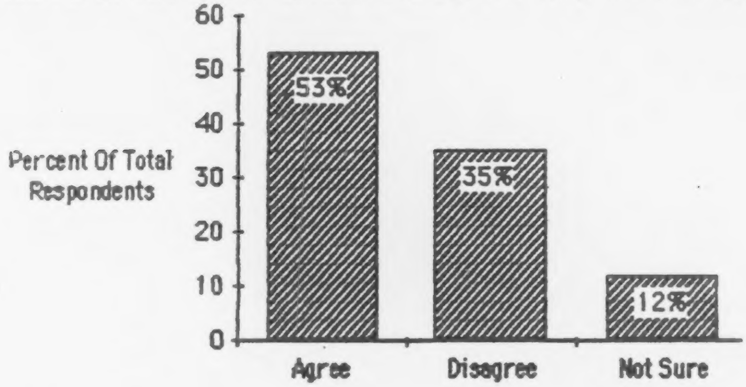
Whenever gradual expansion of the WIC program was suggested as an alternative, it was widely endorsed. In analyzing overall reactions to the proposal, this support for gradual expansion should be kept in mind. Many of those who favored a $25/year tax increase did so with the idea that this would be sufficient for a gradual expansion of WIC, and that the program could be further expanded subsequently if there is a need to do so. Many of those who were lukewarm about the proposal as it was described were inclined to support gradual expansion. What took place in the discussions suggests that the level of support indicated in the post-test for expanding the WIC program underestimates to some extent the actual level of support for this proposal.

Finding 7: Among the arguments against expanding Head Start, only two are widely held, and neither outweighs the arguments in its favor. Fifty-three percent agree that it is the family's responsibility-- not the government's -- to teach children the basic skills they need to do well in school. Roughly the same number -- 55 percent -- feels that an expanded Head Start program is likely to cost far more than anticipated.

Though reservations about an expanded Head Start program are outweighed for most people by arguments in favor of such an effort, several reservations were expressed in most of these groups. People frequently mentioned instances in which preschool programs intended for poor children were used by children from middle-income families. As a woman in San Lorenzo, California put it, "I know people making very good money whose children are in Head Start."

Most people feel that it is the family's responsibility, not the government's, to teach basic skills and values.

"It is the responsibility of the family, not the government, to teach children the basic values and skills they need to do well in school."

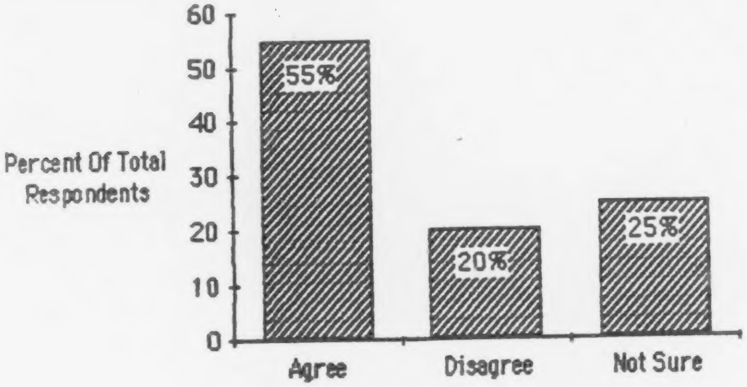


However, many respondents said that while they agree with this view in general, it does not apply to many poor families. Poor parents often lack certain basic skills, such as the ability to read well, respondents said. When the family cannot provide, many of them concluded, it is appropriate for the government to step in.

A reservation of a different sort was expressed by a substantial number of people, particularly those whose family income is in the $20-40,000 range. Among this group, a 55 percent majority (compared to an overall 47 percent) agreed with an argument against this proposal: that expanding Head Start for poor children would be unfair to everyone else since all children could benefit from government-financed preschool programs.

Finally, it is worth noting that -- with regard to this proposal, as with the others -- a majority believes that the projected cost of expanding the Head Start program is less than the actual cost will be. But there is less concern in this regard about Head Start than about any of the other proposals.

"Those who want to expand Head Start almost certainly underestimate how much it will cost."



Conclusion: Prospects for the Proposals to Expand Head Start and WIC

Summarizing what he refers to as the common wisdom of the mid-1970s among experts about efforts to combat poverty, Nathan Glazer recalls how many of the assessments of programs such as Head Start, Upward Bound and other programs designed to help children from low-income families led to the conclusion that "nothing works." Some studies showed early gains that were not sustained. Others found no discernable effects. "The general position," writes Glazer, "was that schooling did not improve achievement, and achievement did not improve economic circumstances." (1986)

Significantly, the views expressed in these labs suggest that a majority of Americans disagree with that appraisal. Head Start is one of the most popular of the efforts launched under the poverty program of the 1960s, and it is widely regarded as an effective program. Although fewer people are familiar with the WIC program, when described, it too is regarded by a majority of Americans as a good program.

In contrast to generally negative perceptions of AFDC, WIC and Head Start are regarded as programs that meet their intended objectives and involve relatively low administrative costs. Both WIC and Head Start, to use a phrase suggested by Marian Wright Edelman, head of the Children's Defense Fund, are regarded as effective "welfare prevention" strategies. To most people, these programs represent something that can be done to break the cycle of poverty.

Part of the reason for the popularity of these proposals is that most Americans regard children -- especially children from low-income families -- as more worthy beneficiaries of governmental assistance than able-bodied adults. Moreover, there is a widely shared conviction that the most promising way to break the cycle of poverty is to concentrate on helping poor children in their earliest months and years of life.

On a related point, it is worth commenting on why there is more support for expanding the Head Start program than for expanding the WIC program. The proposal to expand Head Start is strongly supported among people at all income levels and of different races. Middle income voters do not begrudge children from low income families -- whatever their race -- a good early education. This is regarded as both charitable and a good investment. Up to a point, the WIC program is viewed favorably for the same reason. But many respondents expressed the concern that a dramatic expansion of the WIC program might encourage poor women to have children that they cannot afford to support.

Reformers argue that the need for early childhood intervention is especially acute among urban, inner-city youths. About 14 percent of all urban white children live in poverty. Among blacks and Hispanics, about 40 percent live in poverty. In the words of a recent New York Times editorial, if additional resources were spent on early childhood intervention, minority youngsters "would benefit disproportionately because they are disproportionately at risk." It is significant, then, that there is considerable support for expanding these programs among whites and nonwhites alike.

Reference

Nathan Glazer, "Education and Training Programs and Poverty" in David T. Ellwood and Lawrence H. Summers, Fighting Poverty: What Works and What Doesn't, ed. Danziger and Weinberg (Cambridge: Harvard University Press, 1986)

C. Helping the Working Poor

Introduction

In recent reports on needs that are not met by the existing social welfare system, the plight of America's working poor is a recurrent theme. Of the 33 million Americans currently living in poverty, some 8 million are poor despite the fact that they work for much of the year. In fact, people who work full-time in year-round employment at or near the minimum wage often end up earning too little to afford a minimum standard of living for themselves and their families as defined by the US government. The current social welfare system offers little more than food stamps to the working poor.

Critics argue that if we want to encourage people to work instead of collecting welfare, those who work full time should be assured of an income that is at least as high as the poverty line. They argue that if work does not pay better than welfare, there will be little incentive for millions of Americans to take lowpaying jobs, or to remain in the labor force.

Several proposals have been made recently about what should be done for the working poor. A December, 1986 report to Governor Cuomo by a special Task Force on Poverty and Welfare sought to guarantee the working poor a minimum living standard, and explored ways of doing so that would not rely on the welfare system. In a similar vein, a recent report from the American Public

Welfare Association entitled Investing in Poor Families and Their Children recommended an income guarantee to enable families to meet minimal needs. The Bishops' Pastoral Letter on the Economy, released in November, 1986 also addressed the needs of the working poor, but recommended a different means to the same goal. That report endorsed the concept of "just wages" and urged higher pay for traditionally lowpaying jobs.

The question is whether most people agree with the premise that government should provide additional assistance to those who are working, but not earning enough to afford a decent standard of living as defined by the government. If so, what form should assistance to the working poor take?

The Proposals

We asked respondents to react to a proposal to supplement the income of the working poor, to bring it up to the government-defined poverty line. Doing so would cost an estimated $2 billion per year. So the annual cost to an average taxpayer comes to $25.

Do most people agree with the assertion that the combination of wages and government assistance should provide a household with no less than a poverty-threshold level of income? We were less concerned with eliciting reactions to specific ways in which that objective might be met -- whether through wage subsidies, lower taxes, or a higher minimum wage -- than with reactions to the principle that the government should supplement the income of the working poor. We found, however, that people's reactions vary substantially depending upon the means of supplementing income.

Providing income supplements is just one of the ways in which government could assist the working poor. Another frequently discussed means of assisting the working poor would be to provide health insurance. Most Americans have health insurance that is provided by their employers, or that they buy themselves. The government provides health coverage for three groups: welfare recipients (who qualify for Medicaid), people over 65 (who qualify for Medicare), and veterans. In this system, the working poor typically fall between the cracks. Employers of minimum wage workers do not generally provide health insurance to their employees. Few of the working poor are able to afford premiums for private health insurance. Consequently, when the working poor need medical care, they usually have to depend upon hospitals and doctors that are willing to provide uncompensated care -- or they do without such care. So the current system may encourage the working poor to leave their jobs and collect welfare in order to get health insurance coverage for themselves and their dependents.

To insure proper medical care for the working poor and to provide an incentive to keep them in the labor force, various groups have proposed that the government provide health insurance for them. For example, Governor Dukakis has introduced into the Massachusetts state legislature a bill whose chief purpose is to extend health insurance to 600,000 state residents who currently have no coverage. Most of those individuals are workers who earn low wages, whose employers provide no health insurance benefits.

This is a second proposal for helping the working poor that we put to our respondents: Should there be government-provided health insurance for the working poor? With an estimated pricetag of about $2 billion/year, the cost of this proposal for the average taxpayer comes to $25/year.

We explored the extent of support for these two kinds of assistance to the working poor by asking people to respond to arguments for and against these proposals, and to indicate their willingness to pay for both proposals.

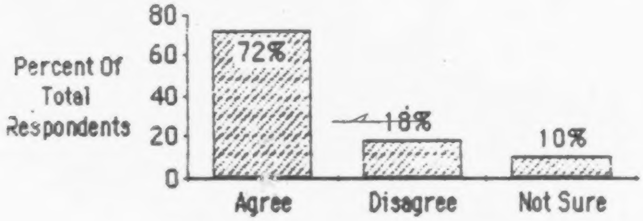
The Public's Starting Point on Assistance to the Working Poor

Finding 1: Most Americans have not given much thought to the dilemma of the working poor, nor are they aware of the extent of the problem. When they were informed about it, 3 out of 4 respondents agreed with the principle that people who work full-time should receive wages sufficient to provide a minimal standard of living.

When told of the situation of the working poor, most respondents reacted with sympathy and concern. Respondents typically spoke of a decent standard of living for working Americans as a right. In the words of one woman, "It's almost a crime when a man works full time and he's still below the poverty line." "These people are trying," said a man from San Jose, "and yet they still don't have a decent standard of living." The working poor are regarded in a different light than welfare recipients. In the words of a woman from San Lorenzo, California, "We should help them because they're trying."

There was general endorsement of the principle that full-time workers should earn enough to enable them to have a minimal standard of living. The people who most strongly endorse this view are those in the $10-20,000 income group. In this group 82 percent agreed with that statement.

"The government should establish the principle that everyone working full time has the right to earn enough to provide a minimum standard of living."

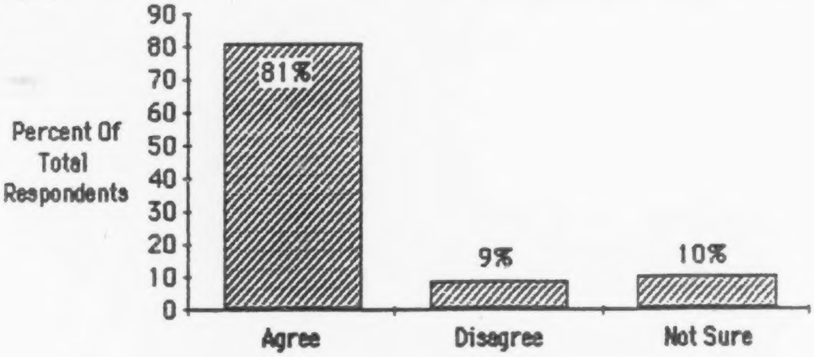


Finding 2: While most of the respondents were not surprised to learn that many Americans lack health insurance, a large majority agreed with the assertion that no one should be denied medical care if they are unable to pay for it.

Respondents were generally not surprised to learn that many Americans do not have any health insurance coverage. Indeed, about two-thirds of our respondents overestimated the number of Americans who lack health insurance.

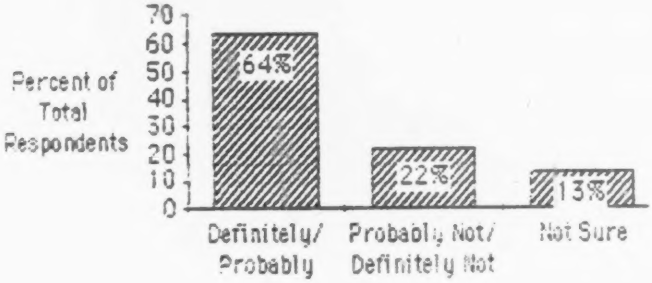
More than four out of five respondents agreed with the principle that no one should be denied medical care if they are unable to pay for it. One woman said, "I think it's awful for a hospital to turn someone away because that person doesn't have health insurance." A Philadelphia woman added, "Everyone should have health insurance, the poor as well as the rich."

"Americans have a right to adequate medical care, regardless of ability to pay."



There is a widely shared conviction that health care coverage should be guaranteed for all Americans. A Philadelphia woman said, "We're not just talking about the poor here. Every American should be guaranteed health coverage. It's a top priority."

"Should the government guarantee health insurance coverage to all Americans who aren't covered?"



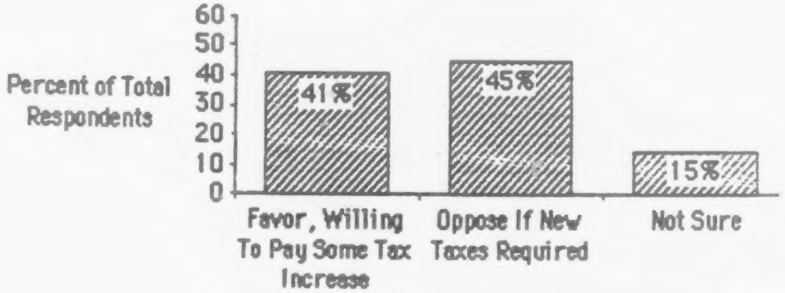
Repeatedly, people expressed their frustration with what they consider to be a patchwork health care system. A man from Minneapolis said, "This is the worst country in the world when it comes to medical care." His view was endorsed by respondents in group after group. A Philadelphia man said, "Even countries that aren't as prosperous as we are have medical programs that provide for just about everyone. We should be moving in that direction." A woman from Nashville added this comment: "The government is going about it all wrong. I think we all agree that every American citizen is entitled to some kind of health care," she said. "That's an overall social need."

The Public's Overall Reaction to Proposals to Assist the Working Poor

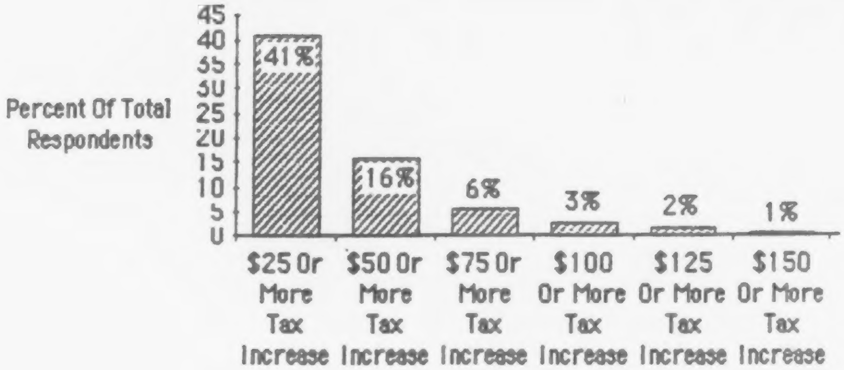
Finding 3: While there is a good deal of sympathy for the plight of the working poor, income subsidies are relatively unpopular because they are viewed as a measure that may discourage people from trying to improve their situation. About four in ten of our respondents favored the proposal to provide income supplements to the working poor.

When respondents were asked to rank the proposals, providing income subsidies for the working poor was the least favored of the six proposals. [See Technical Appendix, Table 67].

Support For Income Supplement For Working Poor

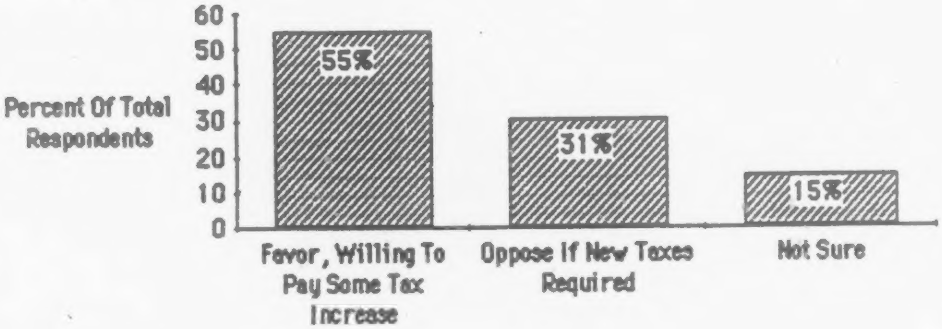


Support For Income Supplement For The Working Poor

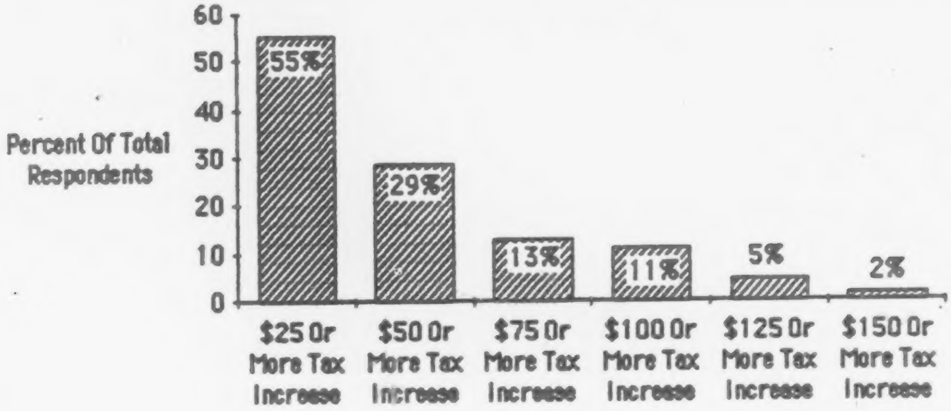


Finding 4: However, the proposal to provide health insurance for the working poor generates substantial support. A 55 percent majority supports the proposal to provide health insurance to the working poor, and would agree to pay at least $25/year in new taxes to pay for it.

Support For Health Insurance Coverage For the Working Poor



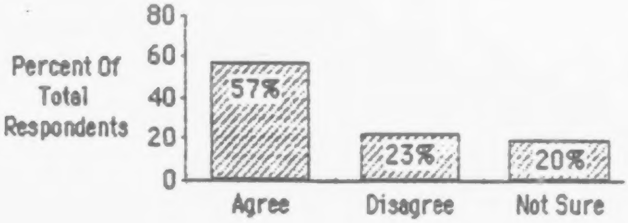
Support For Health Insurance Coverage For the Working Poor



Arguments For and Against Providing Income Supplements to the Working Poor

Finding 5: The widely shared conviction that any American who works deserves at least a poverty-level income (see finding 1 above) takes on special force when combined with a practical consideration that commands widespread support. A majority agrees with the assertion that making work pay better than welfare would provide an incentive for people to take and keep low-paying jobs.

> "This change would encourage people to take low-paying jobs, by making work pay better than welfare."



In numerous groups, respondents made such comments as "We've got to make it attractive financially for people to get off of welfare." A Nashville woman said "We don't want people to quit their jobs and start taking handouts."

Finding 6: There is substantial agreement with four arguments against this proposal. Together, these objections undermine support for providing income supplements to the working poor. For these four reasons, most people prefer to help the working poor by providing assistance in some form other than income supplements. The objections to offering income supplements are:

1. That offering such subsidies would be unfair to those who are just above the poverty line.

2. That the cost of such a program would be far greater than anticipated

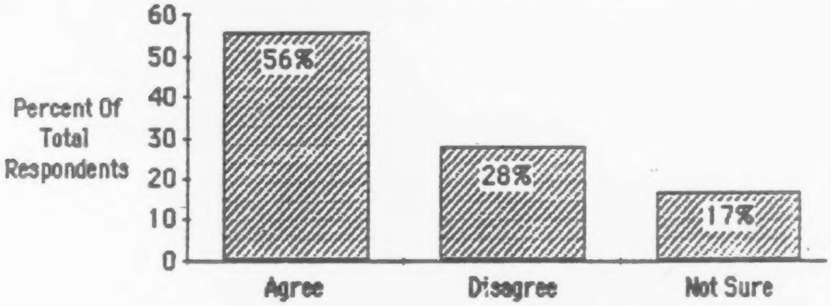
3. That this would amount to a welfare program for millions of Americans who do not currently qualify for government assistance -- a program that would erode the motivation to work.

4. That this violates the principle that the individual worker -- not the government -- should be responsible for providing an adequate family income.

Unfair to Those Above Poverty Line

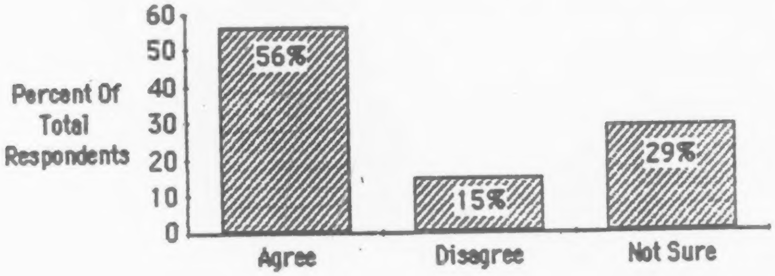
By about a 2-to-1 margin, respondents felt that providing income supplements to those whose income is below the poverty line would be unfair to those with incomes just above the poverty line. This view was held particularly by respondents with a family income between $30-40,000 (66 percent) and those with less than a high school education (71 percent).

> "Supplementing the income of those just below the poverty line would be unfair to those earning enough to live just above the poverty line."



As with the other proposals, a majority of the respondents expressed concern that the actual cost of the proposal would exceed projections. Most respondents were skeptical about whether the indicated cost was realistic.

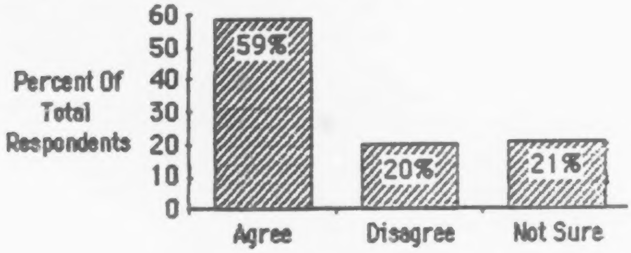
> "Those who want to supplement the income of the working poor almost certainly underestimate how much this proposal will cost."



A New Form of Welfare That Will Erode the Motivation to Work

An even more important reservation about the proposal stems from people's concern about providing welfare to a new group of recipients.

> "An income supplement amounts to giving welfare to people who are now struggling but self-supporting."



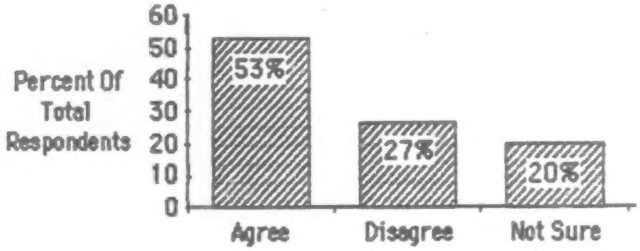
Repeatedly, respondents said that assistance to the working poor should not erode their desire to work hard, take responsibility for their lives and improve their lot. When they spoke of initiative, respondents meant not just a person's willingness to work, but also the desire to raise their standard of living. Many people feared that such supplements might reduce the motivation to work. "I don't believe in supplementing people's income," a man from Houston said, "because it reduces the incentive to work. If someone gave me an extra $2000 every year, it would reduce my incentive to go out and earn as much as I could."

Repeatedly, in discussions of the working poor, respondents asked whether the spouse of the hypothetical wage earner was working -- and, if not, why not. Questions were also raised about why the low-wage workers don't take a second job to supplement their income. In the words of a Philadelphia man, "Why can't he [someone working at a minimum wage job] work eighty hours a week? If these people had more incentive, they'd go out and get a part-time job too. A lot of people who aren't on the edge of poverty are already doing that."

The Individual's Responsibility to Generate Income

By a 2-to-1 margin, respondents said that it is the individual's responsibility, not the government's, to provide an adequate family income. The general sentiment was that government assistance that takes the form of in-kind benefits -- such as food stamps -- is more acceptable, more likely to meet specific needs, and less likely to erode the work ethic. What many people object to is the premise of a welfare state, in which the government automatically offers income subsidies when family income declines to a certain level.

"It is the responsibility of the individual, not the government, to provide an adequate income."



People at different income levels gave somewhat different answers to this question. Those in higher income groups strongly agreed with the assertion that earning an adequate income is the individual's responsibility. People whose income is less than $10,000/year tended to feel differently, with 38 percent saying they disagreed, 30 percent agreeing, and 32 percent who were not sure.

Finding 7: There is substantially more support for raising the minimum wage than for providing income supplements to the working poor.

Many respondents reached the conclusion that assistance to the working poor should take some form other than a direct income supplement. Especially in Philadelphia, Houston, and Nashville, many respondents indicated that the income of the working poor should be supplemented by raising the minimum wage. A Philadelphia woman said, "A man who goes to work should be paid a man's salary. Why should he work eight hours a day and yet, at the end of the week, not earn enough to take care of his family?" Most of those who favored a higher minimum wage did not dispute its inflationary effects, nor did they discount the fact that certain low paying jobs might be eliminated. They were willing to accept these tradeoffs. On balance, many respondents regarded a higher minimum wage as a better solution than a wage supplement because it would not amount to a handout, and it would not be a disincentive to work.

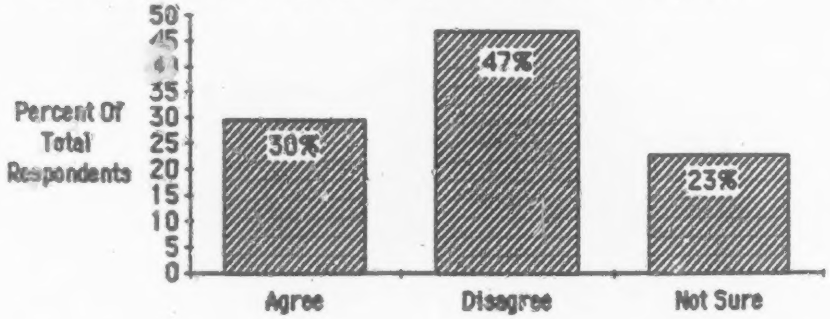
Arguments For and Against Providing Health Insurance to the Working Poor

Finding 8: One of the strongest arguments for a government role in providing health insurance to the working poor is that many people regard health care as a right that must be guaranteed by the government. Thus, there is more support for government-provided health insurance to the working poor than government-provided income subsidies.

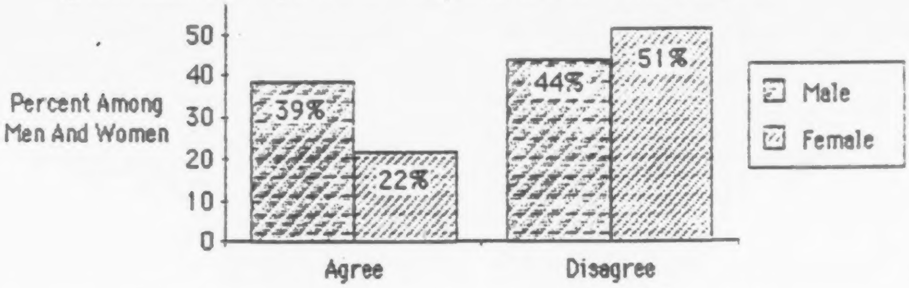
To most Americans, it is a matter of principle: people have a right to proper medical care regardless of their ability to pay. Government-provided medical insurance for the working poor, said a man from San Lorenzo, California, "is an absolute must. Most of these folks can't afford medical insurance. And they sure can't afford to pay for medical care if they need it."

However, while respondents were convinced that people should not be denied proper health care because they are unable to pay, many were undecided about whether providing adequate health insurance should be a government responsibility. Finally, a plurality agreed that this *is* a proper responsibility of government. But a substantial number (23 percent) said they were not sure.

"It is the responsibility of the individual or family, not the government, to provide adequate health insurance."



"It is the responsibility of the individual or family, not the government, to provide adequate health insurance."

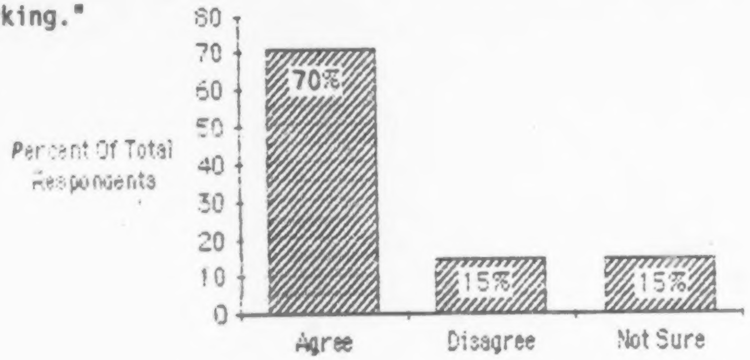


Men and women tend to take different positions on this issue. Men were almost evenly divided as to whether this should be an individual or a governmental responsibility. But by more than a 2-to-1 margin, women said this should be a government responsibility.

Finding 9: In addition to the principle that everyone has a right to medical care, many people are convinced that health insurance provides an incentive to keep the working poor in the workforce.

In the discussions, it became apparent that most people had not given much thought to the practical arguments for and against the proposal to guarantee health insurance for the working poor. When asked to consider one argument -- that without such insurance, the working poor who need medical care might leave their jobs in order to qualify for Medicaid -- many said that this is a good reason to support the proposal. "We should make it worthwhile to work," said a woman from Philadelphia. A woman from the Bay area offered a pragmatic reason. "If we help to keep them [the working poor without health insurance] healthy," she said, "they'll continue working, and paying taxes." This last argument seemed particularly compelling to those in the $10-20,000 income bracket, some 79 percent of whom agreed with this argument. This group, of course, is also the segment of population that is most directly affected by the proposal.

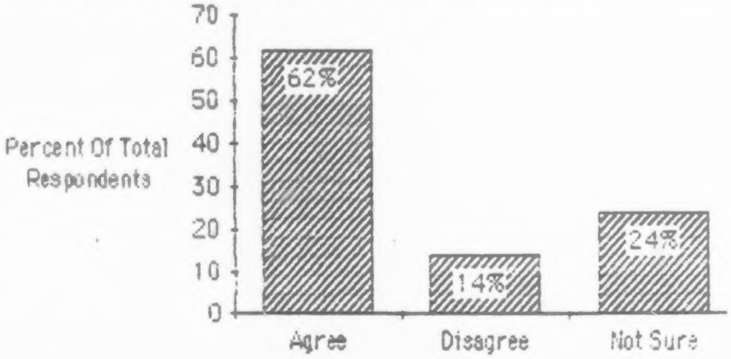
"Making sure the working poor have insurance will encourage them to keep working."



Finding 10: The strongest argument against the proposal to offer medical insurance to the working poor is that the cost of doing so may be far higher than anticipated. There was slightly more concern with this proposal than with the others that costs will exceed the projected figures.

"Once the government gets into paying for health care, costs skyrocket," said a woman from Charleston. Many people also expressed the view that the medical profession would take advantage of a change such as this. A woman from the Philadelphia area said, "It's the medical profession that's responsible for the high costs of medical care today. If the government provides coverage for more Americans, doctors will have even more freedom to pad their bills."

"Those who want the government to make sure that everyone has adequate health insurance almost certainly underestimate how much this will cost."



Conclusion: Prospects for Assisting the Working Poor

How does the American public feel about providing assistance to the working poor? There is considerable sympathy for them. A large majority said that people who work full time should receive an income that allows them and their families to maintain at least a minimal standard of living. There is majority support for the assertion that medical care should be guaranteed for the working poor. Most people believe that adequate health care is a right. They favor an enlarged government role to ensure that the working poor receive adequate health care.

After examining these proposals, respondents expressed more support for providing health care than for providing income supplements to the working poor. When we asked people to rank the proposals in their order of importance, providing health insurance to the working poor ranked third (after expanding Head Start and providing coverage for long-term and catastrophic illness). In contrast, the proposal to provide income subsidies to the working poor came in last among the six proposals.

The difficulty that respondents experienced in trying to decide upon an acceptable way to respond to the needs of the working poor was revealing. Having agreed to the principle that people who work should earn enough to maintain a decent standard of living, respondents were unable to agree about how that need should be met. As noted, many opposed cash subsidies on the grounds that they would undercut the motivation to work.

For decades, polls have shown that a majority of Americans rejects the idea that government should guarantee every family a minimum annual income. A 1965 Gallup survey, for example, showed that two-thirds of the public opposed the idea of a minimum annual income. Such results suggest that most Americans reject the premise of a welfare state in which citizens are guaranteed a minimal standard of living, regardless of whether that income is earned.

The matter of income supplements raises fundamental questions about what individuals should be expected to do for themselves, and when government assistance should be provided. Even though many respondents wanted to raise the income of the working poor, they were uncomfortable with direct government subsidies. Many preferred increasing the minimum wage, despite its inflationary impact and a reduction in the number of lowpaying jobs that might result.

However, most respondents were willing to provide specific forms of assistance to the working poor, especially medical insurance. The proposal to provide health insurance for the working poor generates considerable support for several reasons. First, most people are convinced that additional assistance for the working poor is appropriate. Second, there is considerable support for indirect assistance. This solution provides an important form of assistance to the working poor while adhering to the principle that earning an adequate income is primarily the responsibility of the individual, not the government.

D. Extending Government-Provided Health Insurance

Just as there has been active discussion recently about expanding the WIC and Head Start programs and providing additional assistance to the working poor, there has also been growing interest in providing new kinds of government-provided health insurance. As a result of the confluence of legislative events and demographic trends -- particularly the aging of the population -- attention has turned recently to the need for catastrophic health insurance and insurance to cover the cost of long-term care.

Most Americans have either minimal or no insurance coverage for both catastrophic illness and long-term medical care. In either instance, uninsured patients and their families often face financial ruin as they try to pay for medical expenses.

A catastrophic illness such as cancer or heart disease often requires very expensive treatment and prolonged hospitalization. Individuals with insurance that is sufficient to cover the cost of ordinary medical treatment are often shocked to discover that their policies pay for no more than a fraction of the cost of treating catastrophic illness.

Long-term care refers to medical and nursing assistance provided to people who are unable to care for themselves because of disability or advanced age. Some people require years of hospitalization or care in a nursing home, care that typically costs more than $20,000/year. As with catastrophic illness, most health insurance plans cover only a small portion of the cost of long-term care, or they don't cover any of it. After a certain amount has been paid, or after a certain period of treatment, coverage ends. Individuals can qualify for public subsidies for long-term care under the Medicaid program. But to do so, they have to prove that they are indigent.

Congress is currently considering a proposal to provide catastrophic coverage for the elderly that amounts to one of the most significant changes in the history of the Medicare plan. In February, when President Reagan sent Congress a proposal to provide catastrophic health care coverage to the elderly, he described it as an effort to provide "the last full measure of security" to elderly Americans. Bills that would provide some 31 million Medicare beneficiaries with insurance against the cost of catastrophic medical expenses have generated bipartisan support in both houses of Congress. The Administration proposal differs from the bills being considered in the House and Senate in several respects. But both would limit the out-of-pocket expenses of Medicare beneficiaries for hospital care and physician services.

Some policy makers have assumed that fears about the vulnerability of senior citizens to high health care costs would be assuaged by providing catastrophic health insurance to the elderly. But it appears that many Americans are even more concerned about long-term care, which is not addressed in the bills currently under consideration. Recent attention to the need for catastrophic health care insurance has underlined the need for insurance to cover long-term illness. A coalition has formed in recent months to get the issue of long-term care before the presidential candidates and to persuade Congress to consider appropriate legislation.

So long-term and catastrophic insurance have become prominent items on the public agenda. The current presidential campaign is the first time that candidates in a national election have addressed the question of what the government's role should be in providing for the cost of long-term care and catastrophic illness. Senator Paul Simon has endorsed the concept of an expanded social insurance program that includes long-term care. Other ideas and approaches will almost certainly emerge.

The question is how much public support exists for these measures and whether that support is shared by people in all age groups. With regard to these proposals even more so than with the others we examined, the key questions are what the level of government responsibility should be and how much the public is willing to pay for such coverage.

The Proposal

We asked respondents to react to a proposal by which the government would help everyone bear the cost of such treatment. Under the terms of the proposal we described, government-provided insurance would pay for the cost of treating a catastrophic illness after the individual pays the first $4,000 or $5,000 per year. (This proposal would provide coverage for all Americans who need catastrophic or long-term care, not just the elderly.) Additionally, the program would cover the cost of long-term care after the individual pays the first $75,000, which is roughly the cost of 3 years of nursing home care. The estimated first year cost of extending the government's responsibility for health care in this way comes to about $10 billion, which amounts to $120/year for an average taxpayer.

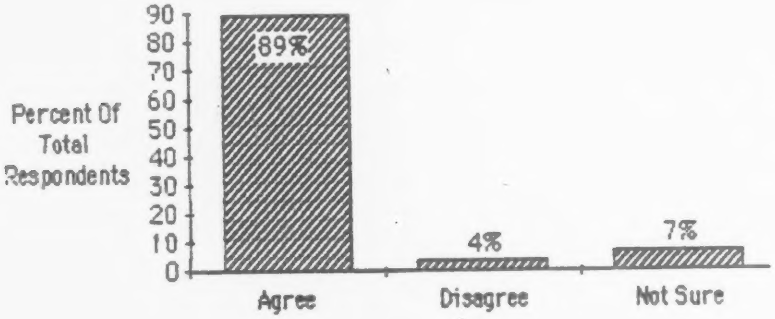
Responses to this proposal and discussion of its pros and cons shed a revealing light on how the public thinks about extending government health insurance, and what most people are willing to pay for this purpose. Reactions to this proposal also reveal a tendency to engage in wishful thinking on the topic of extending health insurance, as well as a tendency to blame the medical profession for the high cost of health care.

The Public's Starting Point on Catastrophic Illness and Long-Term Care

Finding 1: Fear about financial vulnerability to the cost of catastrophic illness or long-term care is shared by adults of all ages.

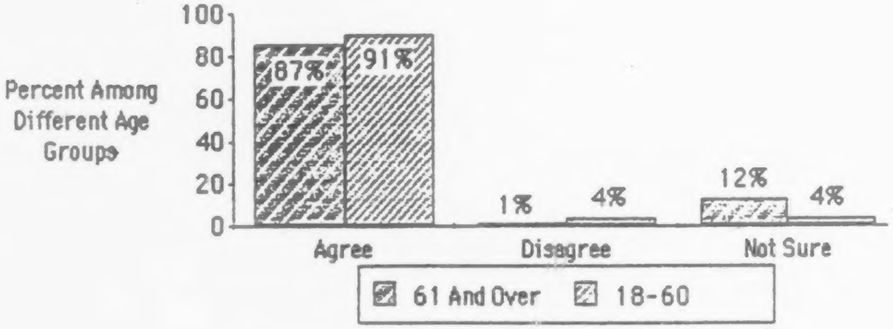
Many respondents were initially unclear about the extent of their own current coverage for catastrophic illness and confused about whether the Medicare and Medicaid programs cover the cost of long-term care. As discussion continued, respondents began to recognize how vulnerable they are to the costs of catastrophic illness and long-term care. In many of the groups, someone recounted a personal experience with the crushing financial burden of coping with the expense of a long-term or catastrophic illness. As the discussions progressed, there was increasing concern about the financial devastation that might result from such medical expenses. A man in Philadelphia summed up the general sentiment when he said, "People [who face the medical expenses caused by catastrophic or long-term -illness] can be wiped out in no time at all. Absolutely wiped out! That's a possibility that everybody faces, no matter how wealthy they are."

"Almost all of us have to face the possibility of bankruptcy if we have to cover the cost of catastrophic illness or long-term care."



Concern about financial vulnerability to the cost of catastrophic illness or long-term care is not confined to the elderly. Adults of all ages recognize that they might be called upon to help pay for their parents' or grandparents' medical care. Some people expressed concern about their parents running through their savings to pay for medical care, thus eating up the inheritance. Significantly, young and middle-aged adults expressed slightly more concern than people in their 60s or older.

"Almost all of us have to face the possibility of bankruptcy if we have to cover the cost of catastrophic illness or long-term care."



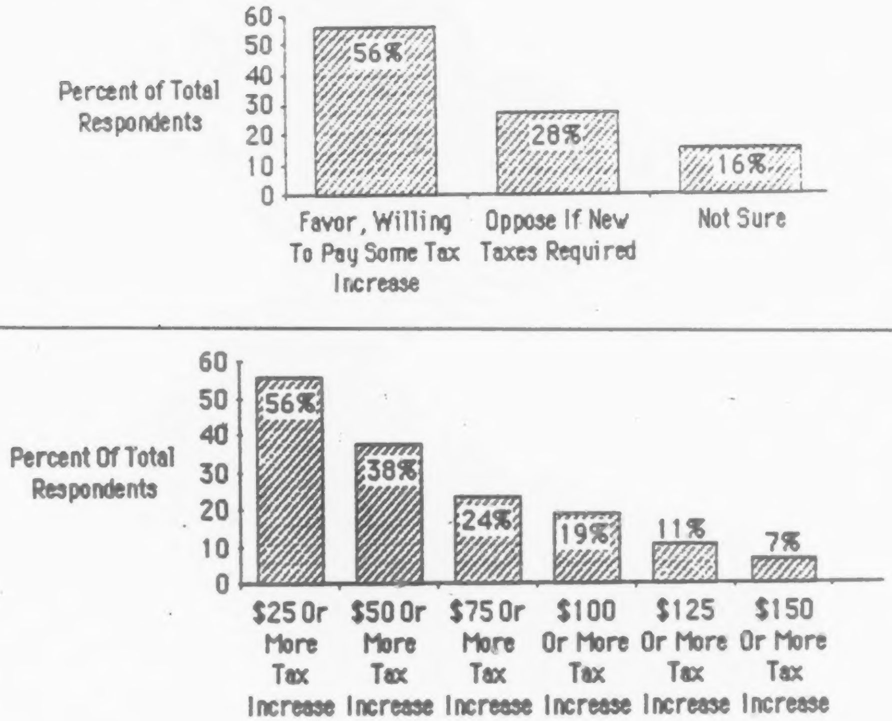
Finding 2: Most people overestimate the percentage of Americans who have coverage for catastrophic illness and long-term care.

Most respondents did not realize how many people face the same threat. In the pretest, 58 percent of the respondents indicated that at least one American in seven has adequate coverage for a catastrophic illness. A 32 percent minority thought that the number who have such coverage was at least one in three. As for long-term illness, 48 percent felt that at least one in seven Americans has adequate insurance coverage. In fact, nearly all Americans lack such coverage.

The Public's Overall Reaction to the Proposal

Finding 3: This is a very popular proposal, in terms of the percentage of participants who favored it -- 56 percent -- and the low percentage of those opposed to it. People are more inclined to agree to higher taxes for this proposal than for the others. However, only about 1 in 10 of the respondents said they would agree to a tax increase of roughly $125/year -- the proposal's estimated cost for an average taxpayer -- for this purpose.

Support For Government Insurance To Cover Catastrophic And Long-Term Care

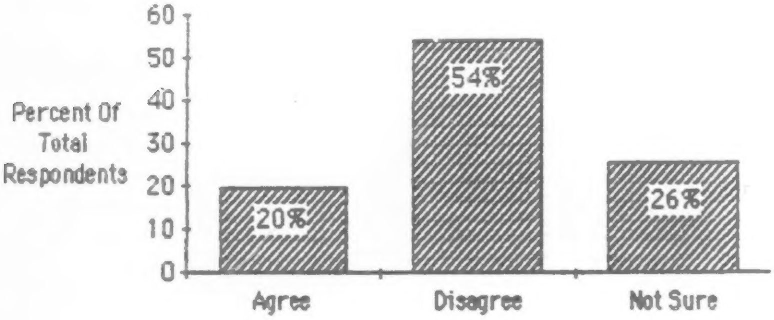


Arguments for and Against the Proposal

Finding 4: By a substantial margin, most Americans believe that the government should bear some responsibility for the cost of catastrophic illness and long-term care. This is the most persuasive argument in favor of the proposal.

Given the vulnerability that people increasingly recognized in these discussions, it is not surprising that most respondents concluded that this is an area where the government should be involved. By more than a 2-to-1 margin, people believe that the federal government should be at least partly responsible for covering the cost of catastrophic illness and long-term care.

"It is the responsibility of the family, not the government, to bear the cost of catastrophic illness and long-term care."

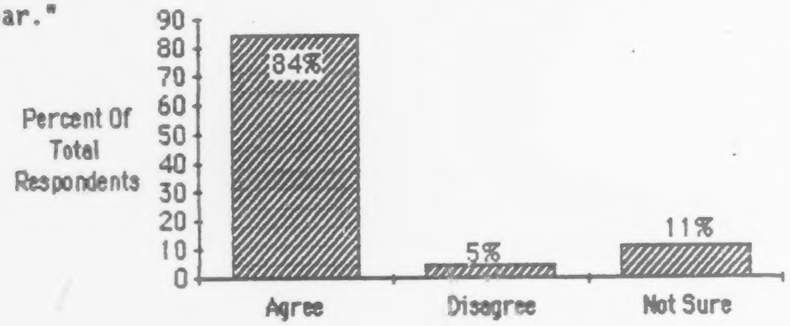


Catastrophic illness and disability that requires long-term care are regarded as unforeseen calamities. In such circumstances, a collective response is considered appropriate since it amounts to a way of pooling the risk. The conviction that the government should help to cover the cost of catastrophic illness and long-term care is widely shared. Those with less than a high school education feel especially strongly that it is the government's responsibility to bear the cost of catastrophic and long-term care. Sixty-six percent of them disagreed with the assertion that this is the responsibility of the family.

Finding 5: The public's main reservation about the proposal concerns its high cost. Most people suspect that the program's actual cost, as well as the portion of that cost that would be paid by the individual taxpayer, will far exceed the projected figure.

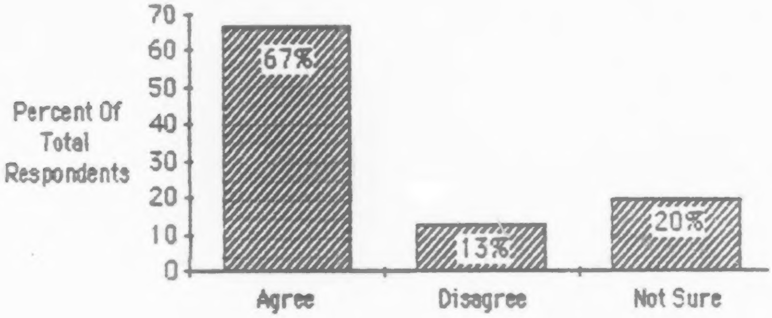
Although most people want the government to become involved in this area, they are very concerned about the cost of doing so. The estimated price tag of this proposal -- $120/year for an average taxpayer -- makes it one of the most expensive proposals considered by our respondents. Yet most people suspect that actual costs would quickly escalate.

> "Because of advances in medical technology and the aging of the population, the cost of this program will increase sharply, year after year."



Most participants were aware of the impact of new medical procedures such as organ transplants on medical costs, and most understood the impact of the projected growth in the size of the elderly population on medical costs. With both factors in mind, as well as the general rise in the cost of medical care, most respondents concluded that a program to pay for catastrophic illness and long-term care is likely to be a very expensive proposition. Eighty-four percent said these factors would cause the cost of this proposal to rise sharply. "This proposal sounds like a good idea," said a man from Nashville, "but the cost is going to be unreal, and it will get higher and higher." "It might start out at $120/year," said a man from Philadelphia, "but several years from now it'll be far higher than that." Respondents in the upper income groups were more often concerned about the costs of this proposal.

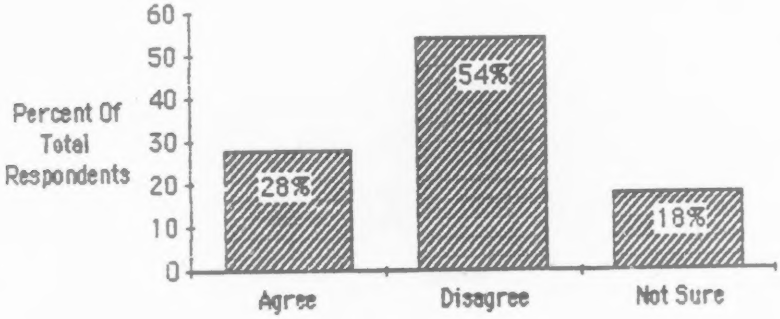
"Those who want the government to help everyone pay for treating catastrophic and long-term illness almost certainly underestimate how much this will cost."



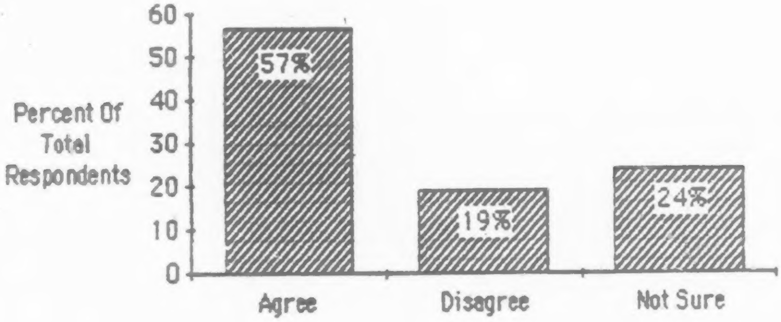
Finding 6: One way of accommodating the need for government protection with the anticipated cost, most people agreed, would be to have the government share the expense of catastrophic illness and long-term care. The proposal to share the burden of such protection is a proposal that many Americans accept.

Most participants concluded that government should pay part of the cost of catastrophic illness and long-term care -- but only part of it. A majority reached the conclusion that sharing such expenses is the best way to protect individuals and, at the same time, to guard against skyrocketing taxpayer costs. Significantly, this view was held by people from various backgrounds. It was supported by those who earn relatively little as well as more prosperous individuals.

"The government should pay the entire cost of treatment for a catastrophic or long-term illness."



"Having the government provide limited help to families is a good middle ground solution."



Finding 7: However, support for the proposal erodes quickly if the "ceilings" are so high that individuals have to exhaust their financial resources before the government steps in to provide financial assistance.

Large numbers of respondents felt that the proposed "ceilings" -- the point at which the government steps in to pay -- are too high to be helpful. Repeatedly, people said that expecting an individual or family to pay as much as $4,000 in the case of catastrophic illness, or $75,000 for the cost of long-term care, is grossly unrealistic. "If my father has to pay $75,000 for long-term care before the government steps in," said a man San Jose, "that isn't much of a solution. My dad would be wiped out anyway. This [proposal] would only help rich people." A woman from San Jose added a similar thought. "I think the government should step in sooner," she said, "and not expect people to pay so much."

Conclusion: The Public's Perspective on Catastrophic and Long-Term Coverage

The nation's health is at the top of the list of areas in which most people think the government should be doing more. The results of this study suggest that there is considerable support for a government role in paying part of the cost of catastrophic illness and long-term care.

However, after discussing the current situation at length and acknowledging their own personal vulnerability in this regard, only about one respondent in ten was willing to pay the projected cost of this proposal. Many people shared the view expressed by a woman from San Jose. "I like the proposal," she said. "I just don't know where that extra $120/year is going to come from."

Respondents were nearly unanimous in calling for lower ceilings or deductibles, despite the fact that lowering the ceilings would dramatically increase the program's cost. Respondents were convinced that the cost of the proposal would increase rapidly due to factors such as the aging of the population and advances in medical technology.

What took place in discussions of the government's role in health care suggests that many people resort to a considerable amount of denial and wishful thinking. Many people are persuaded that the federal government must take some responsibility for the cost of catastrophic illness and long-term care. At the same time, many people are convinced that the ceilings in the proposals are too high to help most people. But if the ceilings were lowered, the program's cost would rise substantially. And even at the level suggested, most respondents were unwilling to pay for it.

Repeatedly, respondents attributed the high cost of health care to excessive charges by doctors and other health care professionals. In Philadelphia, a man characterized most doctors as "thieves." A woman in that group said, "If the government pays for the coverage, the doctors will pad their bills." In another session, a man said that doctors "should be lined up and shot" because of their overcharging. One man complained about what he called the "poor suckers who pay astronomical bills while doctors become billionaires." Other respondents complained just as bitterly about excessive hospital fees.

While these remarks can be interpreted as appeals for cost-controls in providing medical service, they also indicate something else. Many people are inclined to blame or scapegoat the medical profession for the high cost of health care. This is one way of denying how expensive it will be for the government to provide the kind of health coverage many Americans would like.

Participants in these groups had the time to ponder the problem of how to pay for extraordinary health care costs. By the end of the discussion, they were better informed than most Americans about the problem and about the cost of government-provided assistance. As concerned as they were about their vulnerability to the high cost of catastrophic illness and long-term care, however, most of the participants in these labs remained unwilling either to lower their expectations about what the government should provide, or to agree to pay what is necessary for even a modest level of government-provided coverage.

Judging from responses to this proposal, Americans of all ages are concerned about the staggering costs of catastrophic illness and long-term care. When people recognize how vulnerable they are, they become increasingly concerned. While there is strong support for more government involvement in this area, there is no corresponding inclination to pay for it. While more people are willing to pay higher taxes for this proposal than for the others, the tax increases people agreed to are far smaller than what is necessary to fund the program. Consequently, it is likely to be exceedingly difficult for policymakers to devise a policy that reconciles the difference between what most Americans want from the healthcare system, and what they are willing to pay for.

3. Research Method: Public Policy Labs and Public Judgment

This study is based upon a distinctive research method developed by the Public Agenda Foundation for the purpose of testing public reactions to policy proposals with which most Americans are unfamiliar. It is a method which combines the strengths and overcomes the liabilities of two research methods -- survey research using a probability sample, and focussed groups discussions using a quota sample.

Readers who are interested in a detailed description of how the labs were conducted -- including a detailed description of the sample, weighting procedures, the handouts and the questionnaire, as well as an item-by-item presentation of questionnaire results showing key demographics -- should consult the Technical Appendix to this report, which is available from the Public Agenda Foundation.

Combining the Strengths of Two Research Methods

This method was developed as a way of taking advantage of the strengths of the two most commonly used methods for assessing public sentiments -- focussed discussion groups (or focus groups), and survey research using a probability sample.

Focus groups -- structured group interviews led by an impartial moderator -- have several distinctive strengths. Unlike social surveys, which are necessarily based upon certain preconceptions about how respondents approach an issue, focus groups allow people to speak for themselves. This is a method that permits textured, idiosyncratic responses.

Focus groups provide a measure of the intensity with which views are held, and they often yield clues about why people hold those views, that is, the assumptions, knowledge, and values that come into play when people consider certain proposals. Moreover, focus groups provide a way of gauging how people's views change when they are confronted with a problem and asked to solve it, or when they are presented with new information. This is a flexible and useful research tool, especially when the objective is to understand how people think about complex questions and unfamilar proposals.

But focus groups have a distinctive weakness. Since the number of participants in a group is limited -- no more than 10 or 12 people attend a typical session -- even a series of groups does not permit reliable generalizations about the population as a whole. Even when those who participate in each city are representative of that community, one cannot generalize with confidence from such a small sample. Strictly speaking, the results of focus group research, like other qualitative research methods, yield only plausible and promising hypotheses that must be tested or validated by quantitative methods.

The strengths and weaknesses of survey research using a national probability or random sample are the mirror image of focus group research. Using a national probability sample, one can make generalizations about the population as a whole within a statistically predictable range of sampling error.

However, even the most sophisticated questionnaire may elicit an incomplete portrait of how people feel about certain issues or problems. For example, key words may trigger a response that is quite different from what a slightly different phrase elicits. When, for example, the National Opinion Research Corporation substituted the phrase "assistance to the poor" for "welfare" in one of its questionnaires a few years ago, support for more government spending soared to 64 from 25 percent. Even the most careful pre-testing may not identify such key words and phrases.

Additionally, while survey research permits quantitative analysis -- including percentage breakdowns for demographic sub-groups -- it is limited as a tool for probing value differences, or gauging the assumptions on which people's thinking is based.

Survey research is most useful as a way of assessing reactions to issues with which people are familiar, and about which they are fairly knowledgeable. However, because only a limited amount of new information can be conveyed in a normal interview, surveys have a limited usefulness in providing insights about how people change their minds when they acquire additional information, or when they have the opportunity to ponder the pros and cons of particular proposals. Consequently, surveys are not very useful for assessing the public's views about unfamiliar or complex proposals.

Public Policy Labs as a Research Tool

As a means of gauging the public's reaction to six proposals that would reform the social welfare system, the Public Agenda Foundation devised a method called citizen review labs which combines the strengths of survey research and focus groups. Like social surveys, the method we used in this study is based upon responses from a large and demographically diverse sample of American adults, a large enough sample to permit generalizations about the American population as a whole. At the same time, this method allowed us to explore issues in discussion sessions where participants exchanged their views, and talked about why they reacted as they did.

Our sample consisted of a cross-section of 545 American adults, each of whom took part in a three-hour session. Participants were recruited on the basis of quotas that included sex, race, age, income and education. The sample approximates a cross-section of the adult population in terms of key demographic variables. It is described in detail in the appendix to this volume.

Panels of 102 to 114 adults were convened in each of five cities: Philadelphia; Minneapolis-St. Paul; Nashville; Houston; and San Jose (and San Lorenzo) California. The sessions, most of which were held in hotel banquet rooms, involved about forty people. Participants were told that the session was convened by the Public Agenda Foundation, a nonpartisan organization that is conducting a study of the public's reactions to various proposals for welfare reform. The moderator emphasized that there are no right or wrong answers to any of the questions, and that the Public Agenda Foundation does not favor or oppose any of these proposals.

The 3-hour sessions were organized as follows: The respondents first filled out a pre-test questionnaire and watched a 15-minute video presentation that described the first four reform propsals. The video included arguments for and against each proposal and the likely cost for an average taxpayer. Respondents then divided into discussion groups of about 10-12 people, each of which was led by a trained, impartial moderator.

We wanted respondents to face realistic choices in considering each proposal and to minimize wishful thinking. The moderator told respondents that they should heed one groundrule: they could not shift costs from one area to another. For example, they could not pay for more health care by cutting defense spending, nor could they increase revenue by closing tax loopholes or cutting down on waste, fraud and abuse.

After a 45-minute discussion session, the group reconvened to see a second video that described the last two proposals. Then they met again in discussion groups to talk about those proposals.

At the end of the evening, respondents filled out another questionnaire. Each respondent was given an incentive payment of $35.00.

The proposals, as well as their estimated cost and the chief arguments for and against them, were reviewed by experts on social welfare policy. (See the technical appendix for copies of the handouts and questionnaires.) Both the videos and the handouts were reviewed and tested for comprehension and bias in focus groups.

This study is based upon an analysis of the questionnaires filled out by each participant, as well as audiotapes of the discussions. Unless otherwise indicated, the findings that appear in this report are from the posttest, the questionnaires filled out by participants at the end of the session.

ABOUT THE PUBLIC AGENDA FOUNDATION

The Public Agenda is a nonprofit, nonpartisan research and education organization that specializes in public understanding of complex policy issues. Founded over a decade ago by public opinion analyst Daniel Yankelovich and former Secretary of State Cyrus Vance, Public Agenda's indepth research probes beneath public opinion -- people's top-of-the-head reactions to issues -- to uncover public judgment -- people's views on issues when they have confronted them realistically and weighed the choices and tradeoffs they present. Public Agenda citizen education materials provide average Americans with imaginative and compelling means to understand complex issues for themselves. The organization has conducted research and prepared educational materials on a variety of public policy issues including nuclear arms and U.S./Soviet relations, rising health care costs, Social Security and retirement, social welfare reform, prison overcrowding, and the federal budget deficit.

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Childcare and Working Parents: Executive Summary (1983). John Immerwahr, Judith Golub, and Harvey Lauer. An examination of changing economic realities for married couples and single parents, including analysis of national survey data and indepth interviews with both childcare experts and working parents. Part of the multi-year project on jobs and work, "Jobs in the 1980's and 1990's". 22pp. Price: $5.00.

Community Leaders' Attitudes About Child Survival (1987). John Doble and Judith Kallick. Prepared for the U.S. Committee for UNICEF and the Carnegie Corporation. The report contains findings of a survey conducted with over 1,000 community leaders in five cities to assess their views about third world infant mortality. 57pp. Price: $10.00.

Children at Risk, Families at Risk: The Public's Perspective on Child Abuse and Neglect (December, 1987). John Immerwahr and John Doble. Report on public misperceptions about foster care based on series on ten focus groups conducted across the country. Prepared for the Edna McConnell Clark Foundation.

Infant Mortality in the Third World: The Public's Reactions to Child Survival (1986). John Doble. A report for the U.S. Committee for UNICEF analyzing obstacles blocking citizens' consideration of ways to reduce infant mortality in developing countries, with recommendations for the Child Survival Campaign of UNICEF. 46pp. Price: $8.00.

CRIME AND CORRECTIONS:

Crime and Corrections: A Review of Public Opinion Data Since 1975 (1986). Mary Komarnicki and John Doble. Findings, detailed observations and tables of surveys from many sources organized into six sections detailing people's attitudes towards the criminal justice system, police, courts and prison system, and the causes and problems of crime. Prepared for the Edna McConnell Clark Foundation. 131pp. Price: $18.00.

Crime and Punishment: The Public's View (1986). John Doble. Prepared for the Edna McConnell Clark Foundation. A qualitative analysis of ten focus group discussions exploring people's opinions on crime and corrections, the rationale for their views, and their views on alternatives to incarceration as a means to reduce prison overcrowding. 85pp. Available from the Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY, 10017 (212) 986-7050.

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Science Policy Priorities and the Public (1983). John Doble. A pilot study assessing the public's willingness and ability to participate in setting priorities for scientific research. Prepared in association with Harvard University for the National Science Foundation. 88pp. Price: $12.00.

HEALTH CARE COSTS:

Curbing Health Care Costs: The Public's Prescription (1983). John Doble, Jean Johnson, and Jeff Tuchman. Report on pilot citizen education campaign on rising health care costs -- HealthVote 82 -- conducted in Des Moines, Iowa. Contains data about public understanding of health costs before and after the information campaign and describes the communications activities that led to increased public knowledge of the issue. 80pp. Price: $6.50.

HealthVote: A Public Information Campaign. An information kit describing a citizen information campaign on rising health care costs conducted by Public Agenda with local media sponsors in cities across the country. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating "balloting." in the cities. Price: $2.00.

HealthVote Ballot Results (1985). Detailed results of ballots from five HealthVote campaigns conducted in Dayton, Kansas City, Minneapolis, Peoria, and Raleigh in 1985 where citizens were asked to "cast a vote" on critical health care issues including care of low income citizens and the elderly, malpractice, and use of HMOs and similar alternatives. 20pp. Price: $5.00.

JOBS AND PRODUCTIVITY:

Jobs in the 1980's and 1990's: A Sourcebook for Policy Makers (1983). Harvey Lauer. Report of comparative studies conducted in the United States, Great Britain, West Germany, Japan, and Sweden on workers' attitudes about productivity, unemployment, worker incentives, and job satisfaction. Prepared as part of the "Jobs in the 1980's and 1990's" project. 359pp. Price: $15.00.

Managing for Motivation in a High Discretion Workplace (1983). Daniel Yankelovich. An examination of factors contributing to enhanced productivity, including a list of "dos and don'ts" for stimulating the work ethic. Prepared as part of "Jobs in the 1980's and 1990's" project. 43pp. Price: $5.00

New Technnology in the Workplace: A Quotebook of Opportunities and Options (1985). Mary Komarnicki. Highlights of findings of the "Technology and Human Resource" project, a study designed to explore ways to introduce new technology in the workplace to enhance worker acceptance and productivity. (102pp). Price: $10.00. Summary report available: $5.00.

People and the New Technologies: An Issue for Managers (1983). Franklin Lindsay, Jerome Rubin, and Richard Cohen. Paper presented at the 1983 Wharton/Reliance Symposium on "Removing Obstacles to Economic Growth" discussing interviews with managers and experts conducted for the "Technology and Human Resources" project. 46pp. Price $7.50.

Putting the Work Ethic to Work (1983). Daniel Yankelovich and John Immerwahr. A ground-breaking report on the state of the American work ethic and its relationship to America's economic vitality. Report is based on indepth interviews with 845 working Americans and includes findings from comparative studies conducted in Great Britain, West Germany, Japan, Israel, and Sweden. Published as the culminating report of the "Jobs in the 1980's and 1990's" project. Includes executive summary. 45pp. Price: 20.00. Bulk rates available.

Work in the 1980's and 1990's: A Series of Nine Articles Appearing in Working Woman Magazine (1983). Julia Kagan. Series of articles highlighting findings from the "Jobs in the 1980's and 1990's" project, with special emphasis of views of women in the work place. Focuses on working mothers and child care, job satisfaction and productivity, technology in the workplace, and retirement. 19pp. Price: $5.00.

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Nuclear Proliferation: The Public's View (1985). John Doble. Report on Americans' attitudes concerning the spread of nuclear weapons. Prepared for the Roosevelt Center for American Policy Studies in Washington, DC. 52pp. Price: $8.50.

The Public, the Soviets, and Nuclear Weapons: An Information Kit (1987). Describes the multi-year joint effort of Public Agenda and the Center for Foreign Policy Development at Brown Univerisity to explore and enhance the public's role in development of the country's long term policies for nuclear arms and U.S./Soviet relations. Includes information about Public Summit '88, a citizen information campaign to be conducted in cooperaton local television and newspapers in four cities in January, 1988. Campaign asks citizens to think about both short-term and long-term options for relations with the Soviets. Single copies available free of charge.

The Public, the Soviets, and Nuclear Weapons: A Perspective from Community Leaders (1987). Report on series of workshops held with community leaders in ten cities examining issues such as deterrence, the Strategic Defense Initiative, and the spread of Marxism in the Third World. Conducted for "The Public, The Soviets, and Nuclear Arms," a joint project of the Public Agenda and the Center for Foreign Policy Development at Brown University. 62pp. Price: $10.00.

Voter Options on Nuclear Arms Policy: A Briefing Book for the 1984 Elections (1984). The Public Agenda Foundation and the Center for Foreign Policy Development at Brown University. Report based on a 1984 indepth study of Americans' views about nuclear arms, the Soviets, arms control, and communism in the Third World, and an analysis of opinion data on these issues since 1945. Outlines areas of consensus and confusion among Americans and contrast public opinion, elite views and existing policy options. 90pp. Price: $6.00. Technical Appendix: $10.00.

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Options for Social Welfare Policy: The Public's Views (1986). John Doble and Keith Melville. Examination of public knowledge and misperceptions about welfare policy based on series of six focus groups. Prepared for the Ford Foundation. 52pp. Price: $6.50.

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Survey of Attitudes of the Puget Sound Work Force on Economic Growth and the Work Place (1982). Introduction by William D. Ruckelhaus and Brewster C. Denny. Survey of 500 employed reisdents of three Puget Sound counties on work preference, living environment, economic growth, and worker commitment and productivity. Report provides insights into worker morale at small and large corporations and what workers view as important returns on a job. Survey covers "discretionary" worker effort and willingness to accept environmental trade-offs for economic growth. 110pp. Price: $15.00.

Water Efficiency in the West: The Public's View (1986). Public Agenda Foundation. Summary of series of focus groups in the Western states exploring public understanding and perspective on water shortages and allocation. Prepared for the Western Governors' Association. 43pp. Price: $7.50.

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The Federal Budget Crisis: The Public's Response (1983). John Doble and James Shapiro. A discussion of public misperceptions that may be obstacles to addressing the federal budget deficit. The report is based on indepth interviews with citizens in five cities across the country. Prepared for the Committee for a Responsible Federal Budget. 28pp. Price: $5.00.

Sex on Campus: Sexually Transmitted Disease: Surviving the Epidemic of the 1980s (1987). Keith Melville. A 16-page guide for college students laying out the dangers of sexually transmitted diseases, including A.I.D.S., and presenting questions and answers about prevention and self-protection. Prepared for the College Satellite Network with guidance from the Centers for Disease Control, the American College Health Association, and the American Council on Education. Price: $2.00.

The Speaker and the Listener: A Public Perspective on Freedom of Expression (1980). John Immerwahr, Jean Johnson, and John Doble. Introduction by Daniel Yankelovich. Report on a national opinion survey of Americans' attitudes about freedom of expression, the First Amendment, and the communications media. Outlines differences in perspective between professionals in journalism and the public. 65pp. Price: $25.00. Technical appendix: 212pp. Price: $17.00.

VIDEOTAPES AVAILABLE FROM THE PUBLIC AGENDA FOUNDATION:

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